

GEOFFREY S. BERMAN
United States Attorney for the
Southern District of New York
Attorney for Defendant
By: ALLISON M. ROVNER
Assistant United States Attorney
86 Chambers Street, 3rd Floor
New York, New York 10007
Tel.: 212.637.2691
Fax: 212.637.2750
Email: allison.rovner@usdoj.gov

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

UNITED STATES OF AMERICA,

Plaintiff,

v.

ROBERTA M. CHIASCIONE,

Defendant.

COMPLAINT

19 Civ. 3797

Plaintiff United States of America (the “United States”), by its attorney, Geoffrey S. Berman, United States Attorney for the Southern District of New York, alleges upon information and belief that:

1. Jurisdiction is conferred on this Court pursuant to 28 U.S.C. § 1345.
2. Defendant Roberta M. Chiascione (“Defendant”) resides at 55 Hughes Terrace, Yonkers, New York 10701, within the Southern District of New York.
3. Defendant applied for and received five Health Education Assistance Loans (“HEAL”), *see* 42 U.S.C. § 292 *et seq.*, from the lender whose name is set out in the promissory notes Defendant executed evidencing the loans, copies of which are annexed hereto as Exhibit A and incorporated herein.

4. Defendant defaulted on said notes.

5. The lender filed an insurance claim with the United States for the amount of the lender's loss arising from Defendant's default on said notes. The United States paid the lender's claim.

6. The United States is the assignee and present holder of the promissory notes.

7. The United States made numerous demands on Defendant for payment of the indebtedness.

8. To date, Defendant has not made any payments to the United States or entered into an acceptable repayment agreement.

9. The amount due and owing the United States by Defendant on said notes as of February 5, 2019, is \$145,972.96 (principal in the amount of \$142,311.84, plus interest in the amount of \$3,661.12), with interest accruing at a rate of 5.5 percent per annum and \$21.44 per day. A Certificate of Indebtedness from the Department of Health & Human Services is annexed hereto as Exhibit B and incorporated herein.

WHEREFORE, the United States demands judgment against Plaintiff in the amount of \$145,972.96 plus interest as provided by law to the date of judgment and interest from the date of judgment at the legal rate until paid in full, together with costs and disbursements and for such other and further relief as this Court deems just and proper.

Dated: New York, New York
April 29, 2019

GEOFFREY S. BERMAN
United States Attorney for the
Southern District of New York
Attorney for Plaintiff

By:



ALLISON M. ROVNER
Assistant United States Attorney
86 Chambers Street, 3rd floor
New York, New York 10007
Telephone: (212) 637-2691
Fax: (212) 637-2750
Email: allison.rovner@usdoj.gov

U.S. DEPARTMENT OF
HEALTH AND HUMAN SERVICES
PUBLIC HEALTH SERVICE
HEALTH SERVICES ADMINISTRATION

HEALTH EDUCATION ASSISTANCE LOAN PROGRAM
(42 U.S.C. 294-294f)

PROMISSORY NOTE

(VARIABLE RATE)

When you receive the loan disbursement check for endorsement, you will be provided notice of the amount financed (the loan amount less the insurance premium), the pre-paid finance charge (the insurance premium), and the annual percentage rate (APR) for the initial quarter. You are not contractually obligated on the loan if the disbursement check is not endorsed.

PROMISE TO PAY

I, Roberta M. Chiascione, the borrower, promise to pay to First American Bank, N.A., Washington, D.C. (the lender), or the subsequent holder of this Note, the principal sum of 10,000.00 to the extent it is advanced to me, to pay interest on the principal sum as set out below and to pay authorized late charges, all reasonable attorney's fees, and other costs and charges that are permitted by Federal regulations and are necessary for the collection of any amount not paid when due.

The lender and I further understand and agree that:

INTEREST

1. Beginning on the day the loan is disbursed and ending when the repayment period commences, interest shall accrue. Payment of the interest accruing before the beginning of the repayment period may be postponed until the date upon which repayment of principal is required to begin or to resume. Interest which has accrued and is not paid may be added to the principal sum of this Note not more frequently than every six (6) months. Beginning when the repayment period commences, interest shall accrue and be paid as set forth in the Repayment Schedule which the lender shall establish and provide to me.

2. Interest shall accrue and be payable at an **ANNUAL PERCENTAGE RATE** which is equal to a variable rate which is calculated by the Secretary of the Department of Health and Human Services for each calendar quarter and computed by determining the average of the bond equivalent rates for the ninety-one day U.S. Treasury Bills auctioned during the preceding quarter, plus 3.5 percent, rounding this figure up to the nearest 1/8 of 1 percent.

3. Any change in the **ANNUAL PERCENTAGE RATE** will affect the payment amounts, the number of payments, or the amount due at maturity.

INSURANCE PREMIUM

I agree to pay the lender, in addition to interest and principal due, an amount equal to the premium that the lender is required to pay to the Secretary in order to provide insurance coverage on this Note. Payment of an insurance premium calculated in accordance with the instructions issued by the Secretary shall be due and payable immediately and may be taken by the lender from the loan proceeds.

REPAYMENT

1. Repayment shall be made in periodic installments over a repayment period which starts the first day of the tenth month after the month in which I cease to be a full-time student at a HEAL school. However, if I become an intern or resident in an accredited program before that date, then the repayment period begins the first day of the tenth month after the month in which I cease to be an intern or resident.

2. The repayment period shall not be less than 10 years nor more than 25 years. In no event, however, shall the repayment period extend to a date that is more than 33 years from the date on which I signed this Promissory Note. Any period described under DEFERMENT shall not be included in determining the 10, 25, or 33 year periods.

3. The terms and conditions of repayment shall be set forth in a separate Repayment Schedule which the lender shall establish and shall provide me prior to the beginning of the repayment period.

4. I shall make a minimum annual repayment of at least \$600 or an amount equal to the annual interest on the unpaid principal balance, whichever is greater. If I have other outstanding HEAL

GENERAL

The terms of this Note shall be construed according to the Law (42 U.S.C. 294-294f) and the Federal regulation (42 CFR Part 60) governing the administration of the Health Education Assistance Loan (HEAL) Program, copies of which are on file with the holder of this Note.

I shall promptly notify the lender or any other holder of this Note in writing, of any change of name, address, school enrollment status or any other event described in paragraph 3 of the Borrower's Responsibilities as found on the reverse side of this Note.

I agree that all proceeds from this loan will be used solely for tuition and other reasonable educational and living expenses, including room and board, fees, books, supplies and equipment, laboratory expenses, transportation and commuting costs, personal expenses, the HEAL insurance premium, and interest on HEAL loans.

I have read and understand the Statement of Rights and Responsibilities printed on the reverse side of this form.

loans, the sum of all payments to all holders of my HEAL loans shall not be less than \$600 or an amount equal to the consolidated interest on the unpaid principal balances, whichever is greater. However, the \$600 rule does not apply if it would result in my repaying a HEAL loan in fewer than 10 years.

PREPAYMENT

I may, at my option and without penalty, prepay all or any part of this loan (principal or accrued interest) at any time. In the event of such prepayment, I shall be entitled to a rebate of unearned interest computed by () the Sum of the Digits Formula (Rule of 78ths), or () other (identify) (Not to be completed if simple interest is computed on a daily basis).

DEFERMENT

Periodic installments of principal and interest need not be paid, but interest shall accrue:

- When I am carrying a full-time course of study at a HEAL school or at an institution of higher education participating in the Guaranteed Student Loan Program; and
- Not in excess of three years for each of the following when I am:
 - a member of the Armed Forces of the United States;
 - in service as a volunteer under the Peace Corps Act;
 - in service as a full-time volunteer under Title I of the Domestic Volunteer Service Act of 1973; and
 - a member of the National Health Service Corps.

3. Not in excess of four years when I am a participant in an accredited internship or residency program.

LATE CHARGES

I may be assessed a late charge of five percent of the installment payment or \$5.00, whichever is less, on any payment made later than 10 days after the due date.

DEATH/DISABILITY

If I die or become totally and permanently disabled, my unpaid indebtedness on this Note shall be cancelled in accordance with applicable Federal regulations.

DEFAULT

In the event of my default on this loan, the entire unpaid loan including interest due and accrued shall, at the option of the holder of this Note, become immediately due and payable.

Roberta M. Chiascione
SIGNATURE OF BORROWER

55 Hughes Terr. Yonkers, N.Y.
ADDRESS

Aug. 12, 1982
DATE

SIGNATURE OF BORROWER

ADDRESS

DATE

*NOTICE: This Note shall be executed without security and without endorsement, except that, if the borrower is a minor and this Note would not, under applicable State law, create a binding obligation, the lender may require an endorser also to sign this Note. The lender shall supply a copy of this Note to the borrower.

(WHITE) SALLIE MAE COPY (YELLOW) SCHOOL COPY (PINK) STUDENT COPY

STATEMENT OF BORROWER'S RIGHTS AND RESPONSIBILITIES

BORROWER'S RIGHTS

1. The loan check or draft must be made payable to me or if authorized by me — jointly to me and the school. The check or draft must require my endorsement.
2. The lender must provide me with a copy of the completed promissory note when the loan is made. The lender must return the note to me when the loan is paid in full.
3. If the lender assigns (e.g., sells) the loan and the right to receive payments, I must be sent a clear notification which spells out my obligations to the new holder.
4. I have a right to a 9-month "grace period" before repayment begins after I have completed school attendance (and internship and residency in an accredited program, if started before the first day of the tenth month after I ceased to be a full-time student at a HEAL school).
5. I have a right to prepay the whole or any portion of the loan at any time without a penalty.
6. I have a right to deferment of principal and interest repayments if certain conditions exist. Under deferment, I am not required to make payments on the loan principal or interest for a period of time. The conditions that qualify me for a deferment are listed under DEFERMENT on the promissory note.
7. The lender will provide me with a repayment schedule before the repayment period begins.
8. My loan obligation will be cancelled in the event of my death or permanent and total disability in accordance with applicable Federal regulations.
9. At the option of the Federal Government, I may apply for a special contract to have my loan fully or partially repaid by serving for at least two years in the National Health Service Corps or in a health manpower shortage area identified by the Secretary of H.H.S. I understand that a contract may be granted depending on the availability of positions in shortage areas and the availability of Federal funds appropriated for this purpose.
10. The lender cannot change the terms of my HEAL loan without my consent.

BORROWER'S RESPONSIBILITIES

1. I understand that there is no interest subsidy on a HEAL loan and that I must pay all interest on the loan. If I do not make payments on time or if I default, the total amount to be repaid may be increased by additional interest costs, late charges, attorney's fees, court costs and other collection costs.
2. I understand that the lender may charge me an insurance premium and that I will not be entitled to any refund of this premium.
3. I must immediately notify the lender if any of the following occurs before the loan is repaid:
 - a. change of address
 - b. name change (e.g., maiden name to married name)
 - c. failure to enroll in a HEAL school for the period for which the loan is intended
 - d. transfer to another school
 - e. withdrawal from school or attendance on a less than full-time basis
 - f. graduation
 - g. cessation of participation in an internship/residency program or other eligible deferment status
4. I must repay the loan in accordance with a repayment schedule. More detailed information about the repayment terms is listed under REPAYMENT on the promissory note.
5. I must notify the lender of any occurrence which may affect my eligibility to receive or to continue to receive a deferment of principal and interest payments.
6. I understand that this loan must be paid. If I do not make payments when due, the lender may declare my loan in default. If I default, the Federal Government will take over the loan and I will then owe the Government. My default may result in court action to force me to pay. Federal law precludes me from discharging this loan in bankruptcy until after the first five years of the repayment period.
7. I understand that I can only use the proceeds of my HEAL loan for tuition and other reasonable educational and living expenses.

ALL RIGHT, TITLE AND INTEREST OF
UNDERSIGNED IS HEREBY ASSIGNED
(WITHOUT WARRANTY, EXCEPT THE NOTE
QUALIFIES FOR INSURANCE)
TO: THE UNITED STATES OF AMERICA

SALLIE MAE INC.
AUTHORIZED SERVICING AGENT FOR
HICA EDUCATION LOAN CORPORATION

By: *[Signature]* 4/23/18

All right, title and interest of the undersigned is
herby assigned (without warranty, except that the
note qualifies for insurance) to the United States
of America

By: *[Signature]* 1-24-19
Claims Analyst

BILL OF SALE AND BLANKET ENDORSEMENT

The undersigned Seller sells and assigns to HICA Education Loan Corporation ("Purchaser") and its successors and assigns all of Seller's rights, title, and insurance interest in the portfolio of Loans described in the attached Final Loan Transmittal Form. This sale is for value received and is in accordance with the terms and conditions of Loan Sale Agreement Dated November 24, 2003 (the "Agreement").

The Seller, by execution of this instrument, hereby endorses the attached promissory note, which is one of the promissory notes ("the Notes") described in the attached Final Loan Transmittal Form. If the Note is a Master Promissory Note, the undersigned endorses such Master Promissory Note only to the extent it evidences particular loans that are described in such Bill of Sale. This endorsement is in blank, unrestricted form and without recourse except as provided in the repurchase section of the Master Terms referred to in the applicable Loan Sale Agreement between Seller and Purchaser. If any of the Loans were made under a Master Promissory Note, this sale excludes an assignment of any right to offer, future loans under such Master Promissory Note.

This endorsement may be effected by attaching either this instrument or a facsimile each or any of the Notes.

SELLER

Student Loan Marketing Association
11600 Sallie Mae Drive
Reston VA, 20193

By: Sallie Mae, Inc.,
Authorized Agent

By: (Signature of Authorized Signatory)

Name: Karen K. Knoche
Manager
Loan Acquisitions and Conversions

Title: _____

OE Number(s)/Branch Code(s):

899986/0000,1000,9800

PURCHASER

HICA Education Loan Corporation
3900 West Technology Circle
Suite 7
Sioux Falls, SD 57106

By: (Signature of Authorized Signatory)

Name: Karen K. Knoche
Manager

Title: Loan Acquisitions and Conversions

Date of Purchase: 11/24/2003

- 1 -

SALLIE MAE TO HICA EDUCATION LOAN CORPORATION LSA1

THIS IS A TRUE AND EXACT COPY OF THE ORIGINAL DOCUMENT

G. 30/2 100

BLANKET ENDORSEMENT

9. 9. 6

The undersigned ("Seller"), by execution of this instrument, hereby endorses the attached promissory note which is one of the promissory notes ("the Notes") described in the Bill of Sale executed by Seller in favor of the Student Loan Marketing Association ("Purchaser"). This endorsement is in blank, unrestricted form and without recourse except as provided in paragraph 10 of the Commitment and Loan Sale Agreement for GSL loans dated January 1, 1987 between Seller and Purchaser.

This endorsement may be effected by attaching either this instrument or a facsimile hereof to each or any of the Notes.

First American Bank

(Signature of Officer)

Linda T. Frece
Vice President

(Title of Officer)

STUDENT APPLICATION FOR A HEALTH EDUCATION ASSISTANCE LOAN

FOR OFFICE USE ONLY

WARNING: Any person who knowingly makes a false statement or misrepresentation on this form is subject to penalties which may include fines and imprisonment under the U.S. Criminal Code.

SECTION I - TO BE COMPLETED BY STUDENT **IMPORTANT READ INSTRUCTIONS BEFORE COMPLETING**

1. LAST NAME, FIRST NAME, MIDDLE INITIAL CHIASCIONE, Roberta M.		2. SOCIAL SECURITY NUMBER [REDACTED]		3. BIRTHDAY MONTH/DAY/YEAR [REDACTED]	
4. PERMANENT HOME RESIDENCE ADDRESS (street) 55 Hughes Terrace		CITY Yonkers	STATE N.Y.	ZIP CODE 10701	AREA CODE/TELEPHONE NUMBER 914-965-1219
5. TEMPORARY SCHOOL RESIDENCE ADDRESS (street) 2201 L St. N.W. #415		CITY Washington	STATE D.C.	ZIP CODE 20037	AREA CODE/TELEPHONE NUMBER 202-466-3155
6. U.S. CITIZEN OR NATIONAL (1) YES <input checked="" type="checkbox"/> (2) NO <input type="checkbox"/>		7. LEGAL STATE RESIDENCE New York		9. PERIOD OF LOAN (1) FROM MONTH/DAY/YEAR 8/30/84 (2) TO 5/24/85	
IF NO, GIVE I-94 AUTHORITY		8. MAJOR COURSE OF STUDY Medicine		10. AMOUNT REQUESTED RMC \$7,500 \$5,000	

11. I, THE BORROWER, CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE, COMPLETE, AND CORRECT TO THE BEST OF MY KNOWLEDGE I FURTHER CERTIFY THAT THE PROCEEDS OF ANY LOAN MADE AS A RESULT OF THIS APPLICATION WILL BE USED FOR EDUCATIONAL PURPOSES AT THE INSTITUTION NAMED ON THIS FORM. I HEREBY AUTHORIZE THE EDUCATIONAL INSTITUTION TO MAKE REFUNDS DUE ME TO THE LENDING INSTITUTION IN ORDER TO REDUCE MY LOAN OBLIGATIONS. I AGREE THAT THE LOAN CHECK MAY BE MADE JOINTLY PAYABLE TO ME AND MY HEAL SCHOOL.

SIGNATURE OF APPLICANT

Roberta M. Chiascione

DATE

1/9/85**STOP - APPLICANT MUST COMPLETE INFORMATION ON P.2 BEFORE APPLICATION CAN BE PROCESSED.**SECTION II - TO BE COMPLETED BY THE EDUCATIONAL INSTITUTION **IMPORTANT READ INSTRUCTIONS BEFORE COMPLETING**

12. NAME OF EDUCATIONAL INSTITUTION George Washington University School of Medicine and Health Sciences		13. ENTITY NUMBER 1530190584 -A1		14. SCHOOL CODE 024517	
15. ACADEMIC YEAR MONTH/DAY/YEAR (1) FROM 8/30/84 (2) TO 5/24/85		16. PERIOD OF LOAN MONTH/DAY/YEAR (1) FROM 8/30/84 (2) TO 5/24/85			
17. STUDENT I.D. NUMBER 487170		18. ANTICIPATED DATE OF GRADUATION May 1985			
19. I HEREBY CERTIFY THAT THE ABOVE STUDENT MEETS THE ELIGIBILITY REQUIREMENTS LISTED IN SECTION 60.5 OF THE HEAL REGULATIONS. (42 CFR 60.5)		20. ESTIMATED COSTS OF EDUCATION FOR LOAN PERIOD		21. FINANCIAL AID AWARDED FOR LOAN PERIOD	
		TUITION AND FEES \$ 17050		EDUCATIONAL LOANS \$ 15000	
		OTHER \$ 11,150		SCHOLARSHIPS AND GRANTS \$ -	
		TOTAL \$ 28,200		OTHER \$ -	
		TOTAL \$ 15,000			
22. NET COST OF EDUCATION (Item 20 less Item 21)		\$ 13,200			
SIGNATURE OF AUTHORIZING OFFICIAL [Signature]		NAME AND TITLE Sean Sullivan Financial Aid Counselor		DATE January 15, 1985	

SECTION III - TO BE COMPLETED BY THE LENDING INSTITUTION **IMPORTANT READ INSTRUCTIONS BEFORE COMPLETING**

23. NAME OF LENDING INSTITUTION First American Bank, N.A.		24. ENTITY NUMBER -		25. LENDER CODE 826145	
ADDRESS 740 15th Street, N.W.		26. AREA CODE/TELEPHONE NUMBER 703-385-8502		27. AMOUNT LENDER APPROVES \$ 7,500	
CITY Washington, D.C.	STATE D.C.	ZIP CODE 20005			

STOP - REVIEW TOTAL APPLICATION BEFORE PROCESSING

28. SIGNATURE OF AUTHORIZED LENDING OFFICIAL [Signature]	PRINT OR TYPE NAME AND TITLE Hilka Metz, Asst. Acc't Rep.	DATE 02/13/85
--	---	-------------------------

- 1 -

(White) — LENDER COPY 1

(Yellow) — HHS COPY 2

(Pink) — SCHOOL COPY 3

(Goldenrod) — STUDENT COPY 4

DETACH AFTER FILLING OUT

LICANT'S BACKGROUND INFORMATION

(This portion must be completed before processing)

29. INDICATE NAMES OF PARENTS (or guardians) OR, IF DECEASED, NEAREST LIVING RELATIVE OTHER THAN SPOUSE OR SPOUSE'S PARENTS

NAMES	ADDRESS (Include number, street, city, State and ZIP code)	TELEPHONE NO. (Include area code)
[REDACTED]	[REDACTED]	[REDACTED]

30. INDICATE NAME OF NEAREST LIVING ADULT RELATIVE OTHER THAN PERSONS LISTED ABOVE. IF THIS IS NOT POSSIBLE, INDICATE THE NAME OF ANOTHER EMPLOYED ADULT WHO KNOWS YOU.

NAMES	ADDRESS (Include number, street, city, State and ZIP code)	TELEPHONE NO (Include area code)
[REDACTED]	[REDACTED]	[REDACTED]

31. LIST ALL INDEBTEDNESS OF \$100 OR MORE

ALL HEAL STUDENT LOANS		SCHOOL PERIOD		DATE OF LOAN	UNPAID BALANCE
NAME OF LENDER		BEGINNING	ENDING		
First American Bank, NA Washington, D.C.		9/82	6/83	8/12/82	\$ 10,000-
First American Bank, NA Washington D.C.		9/83	1/84	9/1/83	\$ 10,000-
First American Bank, NA Washington D.C.		1/84	6/84	2/21/84	\$ 10,000-
					\$
OTHER DEBTS AND OTHER EDUCATIONAL LOANS				DATE OF LOAN	UNPAID BALANCE
NAME OF LENDER					
NYSHESC - GSL loan - Chemical Bank				5/1/81	\$ 7500-
NYSHESC - GSL loan - Chemical Bank				10/7/82	\$ 5000-
NYSHESC - GSL loan - Chemical Bank				9/79	\$ 5000-
NYSHESC - GSL loan - Chemical Bank				5/31/84	\$ 5000-

ADDITIONAL INFORMATION (If necessary)

HEALTH EDUCATION ASSISTANCE LOAN PROGRAM
42 U.S.C. 294-294f

PROMISSORY NOTE

(VARIABLE RATE)

When you receive the loan disbursement check for endorsement, you will be provided notice of the amount financed (the loan amount less the insurance premium), the pre-paid finance charge (the insurance premium) and the annual percentage rate (APR) for the initial quarter. You are not contractually obligated on the loan if the disbursement check is not endorsed.

PROMISE TO PAY

I, Roberta M. Chiascione, the borrower, promise to pay to **First American Bank, N.A., Washington, D.C.** (the lender), or the subsequent holder of this Note, the principal sum of \$10,000.00 to the extent it is advanced to me, to pay interest on the principal sum as set out below and to pay authorized late charges, all reasonable attorney's fees, and other costs and charges that are permitted by Federal regulations and are necessary for the collection of any amount not paid when due.

The lender and I further understand and agree that:

INTEREST

- Beginning on the day the loan is disbursed and ending when the repayment period commences, interest shall accrue. Payment of the interest accruing before the beginning of the repayment period may be postponed until the date upon which repayment of principal is required to begin or to resume, interest which has accrued and is not paid may be added to the principal sum of this Note not more frequently than every six (6) months. Beginning when the repayment period commences, interest shall accrue and be paid as set forth in the Repayment Schedule which the lender shall establish and provide to me.
- Interest shall accrue and be payable at an **ANNUAL PERCENTAGE RATE** which is equal to a variable rate which is calculated by the Secretary of the Department of Health and Human Services for each calendar quarter and computed by determining the average of the bond equivalent rates for the ninety-one day U.S. Treasury Bills auctioned during the preceding quarter, plus 3.5 percent, rounding this figure up to the nearest 1/8 of 1 percent.
- Any change in the **ANNUAL PERCENTAGE RATE** will affect the payment amounts, the number of payments, or the amount due at maturity.

INSURANCE PREMIUM

I agree to pay the lender, in addition to interest and principal due, an amount equal to the premium that the lender is required to pay to the Secretary in order to provide insurance coverage on this Note. Payment of an insurance premium calculated in accordance with instructions issued by the Secretary shall be due and payable immediately and may be taken by the lender from the loan proceeds.

REPAYMENT

- Repayment shall be made in periodic installments over a repayment period which starts the first day of the tenth month after the month in which I cease to be a full-time student at a HEAL school. However, if I become an intern or resident in an accredited program before that date, then the repayment period begins the first day of the tenth month after the month in which I cease to be an intern or resident.
- The repayment period shall not be less than 10 years nor more than 25 years. In no event, however, shall the repayment period extend to a date that is more than 33 years from the date on which I signed this Promissory Note. Any period described under DEFERMENT shall not be included in determining the 10, 25, or 33 year periods.
- The terms and conditions of repayment shall be set forth in a separate Repayment Schedule which the lender shall establish and shall provide me prior to the beginning of the repayment period.
- I shall make a minimum annual repayment of at least \$600 or an amount equal to the annual interest on the unpaid principal balance, whichever is greater. If I have other outstanding HEAL

GENERAL

The terms of this Note shall be construed according to the Law (42 U.S.C. 294-294f) and the Federal regulation (42 CFR Part 60) governing the administration of the Health Education Assistance Loan (HEAL) Program, copies of which are on file with the holder of this Note.

I shall promptly notify the lender or any other holder of this Note in writing, of any change of name, address, school enrollment status or any other event described in paragraph 3 of the Borrower's Responsibilities as found on the reverse side of this Note.

I agree that all proceeds from this loan will be used solely for tuition and other reasonable educational and living expenses, including room and board, fees, books, supplies and equipment, laboratory expenses, transportation and commuting costs, personal expenses, the HEAL insurance premium, and interest on HEAL loans.

I have read and understand the Statement of Rights and Responsibilities printed on the reverse side of this form.

loans, the sum of all payments to all holders of my HEAL loans shall not be less than \$600 or an amount equal to the consolidated interest on the unpaid principal balances, whichever is greater. However, the \$600 rule does not apply if it would result in my repaying a HEAL loan in fewer than 10 years.

PREPAYMENT

I may, at my option and without penalty, prepay all or any part of this loan (principal or accrued interest) at any time. In the event of such prepayment, I shall be entitled to a rebate of unearned interest computed by [] the Sum of the Digits Formula (Rule of 78ths), or [] other identity: N/A (Not to be completed if simple interest is computed on a daily basis).

DEFERMENT

Periodic installments of principal and interest need not be paid, but interest shall accrue.

- When I am carrying a full-time course of study at a HEAL school or at an institution of higher education participating in the Guaranteed Student Loan Program, and
- Not in excess of three years for each of the following when I am:
 - a member of the Armed Forces of the United States,
 - in service as a volunteer under the Peace Corps Act,
 - in service as a full-time volunteer under Title I of the Domestic Volunteer Service Act of 1973, and
 - a member of the National Health Service Corps.
- Not in excess of four years when I am a participant in an accredited internship or residency program.

LATE CHARGES

I may be assessed a late charge of five percent of the installment payment or \$5.00, whichever is less, on any payment made later than 10 days after the due date.

DEATH/DISABILITY

If I die or become totally and permanently disabled, my unpaid indebtedness on this Note shall be cancelled in accordance with applicable Federal regulations.

DEFAULT

In the event of my default on this loan, the entire unpaid loan including interest due and accrued shall, at the option of the holder of this Note, become immediately due and payable.

Roberta M. Chiascione
SIGNATURE OF BORROWER

Roberta M. Chiascione
SIGNATURE OF BORROWER

2201 L St. N.W., Washington DC 8/5/83
ADDRESS DATE

2201 L St. N.W., Washington, D.C. 8/5/83
ADDRESS DATE

*NOTICE: This Note shall be executed without security and without endorsement, except that, if the borrower is a minor and this Note would not, under applicable State law, create a binding obligation, the lender may require an endorser also to sign this Note. The lender shall supply a copy of this Note to the borrower.

(NOVEMBER 1982)

(WHITE) SALLIE MAE COPY (YELLOW) SCHOOL COPY (PINK) STUDENT COPY

STATEMENT OF BORROWER'S RIGHTS AND RESPONSIBILITIES

BORROWER'S RIGHTS

00021477404

1. The loan check or draft must be made payable to me or if authorized by me — jointly to me and the school. The check or draft must require my endorsement.
2. The lender must provide me with a copy of the completed promissory note when the loan is made. The lender must return the note to me when the loan is paid in full.
3. If the lender assigns (e.g., sells) the loan and the right to receive payments, I must be sent a clear notification which spells out my obligations to the new holder.
4. I have a right to a 9-month "grace period" before repayment begins after I have completed school attendance (and internship and residency in an accredited program, if started before the first day of the tenth month after I ceased to be a full-time student at a HEAL school).
5. I have a right to prepay the whole or any portion of the loan at any time without a penalty.
6. I have a right to deferment of principal and interest repayments if certain conditions exist. Under deferment, I am not required to make payments on the loan principal or interest for a period of time. The conditions that qualify me for a deferment are listed under DEFERMENT on the promissory note.
7. The lender will provide me with a repayment schedule before the repayment period begins.
8. My loan obligation will be cancelled in the event of my death or permanent and total disability in accordance with applicable Federal regulations.
9. At the option of the Federal Government, I may apply for a special contract to have my loan fully or partially repaid by serving for at least two years in the National Health Service Corps or in a health manpower shortage area identified by the Secretary of H.H.S. I understand that a contract may be granted depending on the availability of positions in shortage areas and the availability of Federal funds appropriated for this purpose.
10. The lender cannot change the terms of my HEAL loan without my consent.

BORROWER'S RESPONSIBILITIES

1. I understand that there is no interest subsidy on a HEAL loan and that I must pay all interest on the loan. If I do not make payments on time or if I default, the total amount to be repaid may be increased by additional interest costs, late charges, attorney's fees, court costs and other collection costs.
2. I understand that the lender may charge me an insurance premium and that I will not be entitled to any refund of this premium.
3. I must immediately notify the lender if any of the following occurs before the loan is repaid:
 - a. change of address
 - b. name change (e.g., maiden name to married name)
 - c. failure to enroll in a HEAL school for the period for which the loan is intended
 - d. transfer to another school
 - e. withdrawal from school or attendance on a less than full-time basis
 - f. graduation
 - g. cessation of participation in an internship/residency program or other eligible deferment status.
4. I must repay the loan in accordance with a repayment schedule. More detailed information about the repayment terms is listed under REPAYMENT on the promissory note.
5. I must notify the lender of any occurrence which may affect my eligibility to receive or to continue to receive a deferment of principal and interest payments.
6. I understand that this loan must be paid. If I do not make payments when due, the lender may declare my loan in default. If I default, the Federal Government will take over my loan and I will then owe the Government. My default may result in court action to force me to pay. Federal law precludes me from discharging this loan in bankruptcy until after the first five years of the repayment period.
7. I understand that I can only use the proceeds of my HEAL loan for tuition and other reasonable educational and living expenses.

ALL RIGHT, TITLE AND INTEREST OF THE
UNDERSIGNED IS HEREBY ASSIGNED
(WITHOUT WARRANTY, EXCEPT THE NOTE
QUALIFIES FOR INSURANCE)
TO: THE UNITED STATES OF AMERICA

SALLIE MAE INC.
AUTHORIZED SERVING AGENT FOR
HICA EDUCATION LOAN CORPORATION
BY: *Carol King* 4/23/18

All right, title and interest of the undersigned is
hereby assigned (without warranty, except that the
note qualifies for insurance) to the United States
of America.
By: *J. Kyle Spence*
Claims Analyst 1-24-19

BILL OF SALE AND BLANKET ENDORSEMENT

The undersigned Seller sells and assigns to HICA Education Loan Corporation ("Purchaser") and its successors and assigns all of Seller's rights, title, and insurance interest in the portfolio of Loans described in the attached Final Loan Transmittal Form. This sale is for value received and is in accordance with the terms and conditions of Loan Sale Agreement Dated November 24, 2003 (the "Agreement").

The Seller, by execution of this instrument, hereby endorses the attached promissory note, which is one of the promissory notes ("the Notes") described in the attached Final Loan Transmittal Form. If the Note is a Master Promissory Note, the undersigned endorses such Master Promissory Note only to the extent it evidences particular loans that are described in such Bill of Sale. This endorsement is in blank, unrestricted form and without recourse except as provided in the repurchase section of the Master Terms referred to in applicable Loan Sale Agreement between Seller and Purchaser. If any of the Loans were made under a Master Promissory Note, this sale excludes an assignment of any right to offer, future loans under such Master Promissory Note.

This endorsement may be effected by attaching either this instrument or a facsimile each or any of the Notes.

SELLER

Student Loan Marketing Association
11600 Sallie Mae Drive
Reston VA, 20193

By: Sallie Mae, Inc.,
Authorized Agent

By: [Signature]
(Signature of Authorized Signatory)

Name: Karen K. Knoche
Manager
Loan Acquisitions and Conversions

Title: _____

OE Number(s)/Branch Code(s):

899986/0000,1000,9800

PURCHASER

HICA Education Loan Corporation
3900 West Technology Circle
Suite 7
Sioux Falls, SD 57106

By: [Signature]
(Signature of Authorized Signatory)

Name: Karen K. Knoche

Title: Manager
Loan Acquisitions and Conversions

Date of Purchase: 11/24/2003

- 1 -

SALLIE MAE TO HICA EDUCATION LOAN CORPORATION LSA1

THIS IS A TRUE AND EXACT COPY OF THE ORIGINAL DOCUMENT

G. 30/2 100

BLANKET ENDORSEMENT

9. 8. 6

The undersigned ("Seller"), by execution of this instrument, hereby endorses the attached promissory note which is one of the promissory notes ("the Notes") described in the Bill of Sale executed by Seller in favor of the Student Loan Marketing Association ("Purchaser"). This endorsement is in blank, unrestricted form and without recourse except as provided in paragraph 10 of the Commitment and Loan Sale Agreement for GSL loans dated January 1, 1987 between Seller and Purchaser.

This endorsement may be effected by attaching either this instrument or a facsimile hereof to each or any of the Notes.

First American Bank

(Signature of Officer)

Linda L. Frece
Vice President

(Title of Officer)

THIS IS A TRUE AND EXACT COPY OF THE ORIGINAL DOCUMENT

STUDENT APPLICATION FOR A TH EDUCATION ASSISTANCE LOAN

FOR OE USE ONLY

WARNING: Any person who knowingly makes a false statement or misrepresentation on this form is subject to penalties which may include fines and imprisonment under the U.S. Criminal Code.

SECTION I - TO BE COMPLETED BY STUDENT **IMPORTANT READ INSTRUCTIONS BEFORE COMPLETING**

1. LAST NAME; FIRST NAME, MIDDLE INITIAL CHIASCIONE Roberta M.		2. SOCIAL SECURITY NUMBER [REDACTED]		3. BIRTHDAY MONTH/DAY/YEAR [REDACTED]	
4. PERMANENT HOME RESIDENCE ADDRESS (street) 55 Hughes Terrace		CITY Yonkers,		STATE N.Y.	
5. TEMPORARY SCHOOL RESIDENCE ADDRESS (street) 2201 L St. N.W. #415		CITY Washington,		STATE D.C.	
6. U.S. CITIZEN OR NATIONAL (1) YES <input checked="" type="checkbox"/> (2) NO <input type="checkbox"/> IF NO, GIVE I-94 AUTHORITY		7. LEGAL STATE RESIDENCE New York		9. PERIOD OF LOAN MONTH/DAY/YEAR (1) FROM 9/1/83 (2) TO 6/22/84	
8. MAJOR COURSE OF STUDY Medicine		10. AMOUNT REQUESTED 10,000 PNC		AREA CODE/TELEPHONE NUMBER 914-965-1219	
				AREA CODE/TELEPHONE NUMBER 202-466-3155	

11. I, THE BORROWER, CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE, COMPLETE, AND CORRECT TO THE BEST OF MY KNOWLEDGE I FURTHER CERTIFY THAT THE PROCEEDS OF ANY LOAN MADE AS A RESULT OF THIS APPLICATION WILL BE USED FOR EDUCATIONAL PURPOSES AT THE INSTITUTION NAMED ON THIS FORM. I HEREBY AUTHORIZE THE EDUCATIONAL INSTITUTION TO MAKE REFUNDS DUE ME TO THE LENDING INSTITUTION IN ORDER TO REDUCE MY LOAN OBLIGATIONS. I AGREE THAT THE LOAN CHECK MAY BE MADE JOINTLY PAYABLE TO ME AND MY HEAL SCHOOL.

SIGNATURE OF APPLICANT

DATE

Roberta M. Chiascione**7/11/83**

STOP - APPLICANT MUST COMPLETE INFORMATION ON P.2 BEFORE APPLICATION CAN BE PROCESSED.

SECTION II - TO BE COMPLETED BY THE EDUCATIONAL INSTITUTION **IMPORTANT READ INSTRUCTIONS BEFORE COMPLETING**

12. NAME OF EDUCATIONAL INSTITUTION George Washington University School of Medicine & Health Sciences		13. ENTITY NUMBER 1-536196584-A1		14. SCHOOL CODE 024517	
ADDRESS 2300 Eye St. N.W. #713		15. ACADEMIC YEAR MONTH/DAY/YEAR (1) FROM 7/5/83 (2) TO 6/22/84		16. PERIOD OF LOAN MONTH/DAY/YEAR (1) FROM 9/1/83 (2) TO 6/22/84	
CITY Washington D.C.		STATE D.C.		ZIP CODE 20037	
AREA CODE/TELEPHONE NUMBER 202/676-2960		17. STUDENT I.D. NUMBER 487176		18. ANTICIPATED DATE OF GRADUATION 5/85	
19. I HEREBY CERTIFY THAT THE ABOVE STUDENT MEETS THE ELIGIBILITY REQUIREMENTS LISTED IN SECTION 60.5 OF THE HEAL REGULATIONS. (42 CFR 60.5)		20. ESTIMATED COSTS OF EDUCATION FOR LOAN PERIOD TUITION AND FEES \$ 17,150 OTHER \$ 10,500 TOTAL \$ 27,650		21. FINANCIAL AID AWARDED FOR LOAN PERIOD EDUCATIONAL LOANS \$ 5,000 SCHOLARSHIPS AND GRANTS \$ OTHER \$ TOTAL \$ 5,000	
		22. NET COST OF EDUCATION (Item 20 less Item 21)		\$ 22,650	

SIGNATURE OF AUTHORIZING OFFICIAL

NAME AND TITLE

DATE

Melissa Fouchard**Financial Aid Counselor****7-19-83**SECTION III - TO BE COMPLETED BY THE LENDING INSTITUTION **IMPORTANT READ INSTRUCTIONS BEFORE COMPLETING**

23. NAME OF LENDING INSTITUTION First American Bank, N.A.		24. ENTITY NUMBER [REDACTED]		25. LENDER CODE 826145	
ADDRESS 740 15th Street, N.W.		26. AREA CODE/TELEPHONE NUMBER 703-385-4777		27. AMOUNT LENDER APPROVES \$ 10,000	
CITY Washington, D.C.		STATE D.C.		ZIP CODE 20005	

STOP - REVIEW TOTAL APPLICATION BEFORE PROCESSING

28. SIGNATURE OF AUTHORIZED LENDING OFFICIAL

PRINT OR TYPE NAME AND TITLE

DATE

Anthony C. Lake**Anthony C. Lake, Acc't Rep.****9-1-83**

- 1 -

(White) — LENDER COPY 1

(Yellow) — HHS COPY 2

(Pink) — SCHOOL COPY 3

(Goldenrod) — STUDENT COPY 4

DETACH AFTER FILLING OUT

APPLICANT'S BACKGROUND INFORMATION
(This portion must be completed before processing)

29. INDICATE NAMES OF PARENTS (or guardians) OR, IF DECEASED, NEAREST LIVING RELATIVE OTHER THAN SPOUSE OR SPOUSE'S PARENTS

NAMES	ADDRESS (Include number, street, city, State and ZIP code)	TELEPHONE NO. (Include area code)
[REDACTED]	[REDACTED]	[REDACTED]

30. INDICATE NAME OF NEAREST LIVING ADULT RELATIVE OTHER THAN PERSONS LISTED ABOVE. IF THIS IS NOT POSSIBLE, INDICATE THE NAME OF ANOTHER EMPLOYED ADULT WHO KNOWS YOU.

NAMES	ADDRESS (Include number, street, city, State and ZIP code)	TELEPHONE NO (Include area code)
[REDACTED]	[REDACTED]	[REDACTED]

31. LIST ALL INDEBTEDNESS OF \$100 OR MORE

ALL HEAL STUDENT LOANS		SCHOOL PERIOD		DATE OF LOAN	UNPAID BALANCE
NAME OF LENDER		BEGINNING	ENDING		
Sallie Mae		9/82	9/83	7/13/82	\$ 10,000
					\$
					\$
					\$
					\$
					\$
					\$
OTHER DEBTS AND OTHER EDUCATIONAL LOANS				DATE OF LOAN	UNPAID BALANCE
NAME OF LENDER					
GSL - New York State - Chemical Bank (NYSHESC)				9/25/82	\$ 5,000
GSL - New York State - Chemical Bank (NYSHESC)				9/88	\$ 5,000
GSL - New York State - Chemical Bank (NYSHESC)				9/79	\$ 5,000
					\$
					\$
					\$
					\$

ADDITIONAL INFORMATION (If necessary)

HEALTH EDUCATION ASSISTANCE LOAN PROGRAM
(42 U.S.C. 294-2941)

PROMISSORY NOTE

(VARIABLE RATE)

When you receive the loan disbursement check for endorsement, you will be provided notice of the amount financed (the loan amount less the insurance premium), the pre-paid finance charge (the insurance premium), and the annual percentage rate (APR) for the initial quarter. You are not contractually obligated on the loan if the disbursement check is not endorsed.

PROMISE TO PAY

I, Roberta M. Chiascione, the borrower, promise to pay to First American Bank, N.A., Washington, D.C. (the lender), or the subsequent holder of this Note, the principal sum of \$10,000.00 to the extent it is advanced to me, to pay interest on the principal sum as set out below and to pay authorized late charges, all reasonable attorney's fees, and other costs and charges that are permitted by Federal regulations and are necessary for the collection of any amount not paid when due.

The lender and I further understand and agree that:

INTEREST

- Beginning on the day the loan is disbursed and ending when the repayment period commences, interest shall accrue. Payment of the interest accruing before the beginning of the repayment period may be postponed until the date upon which repayment of principal is required to begin or to resume, interest which has accrued and is not paid may be added to the principal sum of this Note not more frequently than every six (6) months. Beginning when the repayment period commences, interest shall accrue and be paid as set forth in the Repayment Schedule which the lender shall establish and provide to me.
- Interest shall accrue and be payable at an **ANNUAL PERCENTAGE RATE** which is equal to a variable rate which is calculated by the Secretary of the Department of Health and Human Services for each calendar quarter and computed by determining the average of the bond equivalent rates for the ninety-one day U.S. Treasury Bills auctioned during the preceding quarter, plus 3.5 percent, rounding this figure up to the nearest 1/8 of 1 percent.
- Any change in the **ANNUAL PERCENTAGE RATE** will affect the payment amounts, the number of payments, or the amount due at maturity.

INSURANCE PREMIUM

I agree to pay the lender, in addition to interest and principal due, an amount equal to the premium that the lender is required to pay to the Secretary in order to provide insurance coverage on this Note. Payment of an insurance premium calculated in accordance with instructions issued by the Secretary shall be due and payable immediately and may be taken by the lender from the loan proceeds.

REPAYMENT

- Repayment shall be made in periodic installments over a repayment period which starts the first day of the tenth month after the month in which I cease to be a full-time student at a HEAL school. However, if I become an intern or resident in an accredited program before that date, then the repayment period begins the first day of the tenth month after the month in which I cease to be an intern or resident.
- The repayment period shall not be less than 10 years nor more than 25 years. In no event, however, shall the repayment period extend to a date that is more than 33 years from the date on which I signed this Promissory Note. Any period described under DEFERMENT shall not be included in determining the 10, 25, or 33 year periods.
- The terms and conditions of repayment shall be set forth in a separate Repayment Schedule which the lender shall establish and shall provide me prior to the beginning of the repayment period.
- I shall make a minimum annual repayment of at least \$600 or an amount equal to the annual interest on the unpaid principal balance, whichever is greater. If I have other outstanding HEAL

GENERAL

The terms of this Note shall be construed according to the Law (42 U.S.C. 294-294f) and the Federal regulation (42 CFR Part 60) governing the administration of the Health Education Assistance Loan (HEAL) Program, copies of which are on file with the holder of this Note.

I shall promptly notify the lender or any other holder of this Note in writing, of any change of name, address, school enrollment status or any other event described in paragraph 3 of the Borrower's Responsibilities as found on the reverse side of this Note.

I agree that all proceeds from this loan will be used solely for tuition and other reasonable educational and living expenses, including room and board, fees, books, supplies and equipment, laboratory expenses, transportation and commuting costs, personal expenses, the HEAL insurance premium, and interest on HEAL loans.

I have read and understand the Statement of Rights and Responsibilities printed on the reverse side of this form.

loans, the sum of all payments to all holders of my HEAL loans shall not be less than \$600 or an amount equal to the consolidated interest on the unpaid principal balances, whichever is greater. However, the \$600 rule does not apply if it would result in my repaying a HEAL loan in fewer than 10 years.

PREPAYMENT

I may, at my option and without penalty, prepay all or any part of this loan (principal or accrued interest) at any time, in the event of such prepayment, I shall be entitled to a rebate of unearned interest computed by [] the Sum of the Digits Formula (Rule of 78ths), or [] other (identify) N/A. (Not to be completed if simple interest is computed on a daily basis)

DEFERMENT

Periodic installments of principal and interest need not be paid, but interest shall accrue.

- When I am carrying a full-time course of study at a HEAL school or at an institution of higher education participating in the Guaranteed Student Loan Program, and
- Not in excess of three years for each of the following when I am:
 - a member of the Armed Forces of the United States;
 - in service as a volunteer under the Peace Corps Act;
 - in service as a full-time volunteer under Title I of the Domestic Volunteer Service Act of 1973; and
 - a member of the National Health Service Corps.
- Not in excess of four years when I am a participant in an accredited internship or residency program.

LATE CHARGES

I may be assessed a late charge of five percent of the installment payment or \$5.00, whichever is less, on any payment made later than 10 days after the due date.

DEATH/DISABILITY

If I die or become totally and permanently disabled, my unpaid indebtedness on this Note shall be cancelled in accordance with applicable Federal regulations.

DEFAULT

In the event of my default on this loan, the entire unpaid loan including interest due and accrued shall, at the option of the holder of this Note, become immediately due and payable.

Roberta M. Chiascione
SIGNATURE OF BORROWER

2201 L St. N.W. Wash, D.C.
ADDRESS

1/12/84
DATE

SIGNATURE OF BORROWER

ADDRESS

DATE

*NOTICE: This Note shall be executed without security and without endorsement, except that, if the borrower is a minor and this Note would not, under applicable State law, create a binding obligation, the lender may require an endorser also to sign this Note. The lender shall supply a copy of this Note to the borrower.

(NOVEMBER 1982)

(WHITE) SALLIE MAE COPY (YELLOW) SCHOOL COPY (PINK) STUDENT COPY

STATEMENT OF BORROWER'S RIGHTS AND RESPONSIBILITIES

BORROWER'S RIGHTS

1. The loan check or draft must be made payable to me or if authorized by me — jointly to me and the school. The check or draft must require my endorsement
2. The lender must provide me with a copy of the completed promissory note when the loan is made. The lender must return the note to me when the loan is paid in full.
3. If the lender assigns (e.g., sells) the loan and the right to receive payments, I must be sent a clear notification which spells out my obligations to the new holder.
4. I have a right to a 9-month "grace period" before repayment begins after I have completed school attendance (and internship and residency in an accredited program, if started before the first day of the tenth month after I ceased to be a full time student at a HEAL school)
5. I have a right to prepay the whole or any portion of the loan at any time without a penalty.
6. I have a right to deferment of principal and interest repayments if certain conditions exist. Under deferment, I am not required to make payments on the loan principal or interest for a period of time. The conditions that qualify me for a deferment are listed under DEFERMENT on the promissory note.
7. The lender will provide me with a repayment schedule before the repayment period begins.
8. My loan obligation will be cancelled in the event of my death or permanent and total disability in accordance with applicable Federal regulations.
9. At the option of the Federal Government, I may apply for a special contract to have my loan fully or partially repaid by serving for at least two years in the National Health Service Corps or in a health manpower shortage area identified by the Secretary of H.H.S. I understand that a contract may be granted depending on the availability of positions in shortage areas and the availability of Federal funds appropriated for this purpose.
10. The lender cannot change the terms of my HEAL loan without my consent.

BORROWER'S RESPONSIBILITIES

1. I understand that there is no interest subsidy on a HEAL loan and that I must pay all interest on the loan. If I do not make payments on time or if I default, the total amount to be repaid may be increased by additional interest costs, late charges, attorney's fees, court costs and other collection costs.
2. I understand that the lender may charge me an insurance premium and that I will not be entitled to any refund of this premium.
3. I must immediately notify the lender if any of the following occurs before the loan is repaid:
 - a. change of address
 - b. name change (e.g., maiden name to married name)
 - c. failure to enroll in a HEAL school for the period for which the loan is intended
 - d. transfer to another school
 - e. withdrawal from school or attendance on a less than full-time basis
 - f. graduation
 - g. cessation of participation in an internship/residency program or other eligible deferment status.
4. I must repay the loan in accordance with a repayment schedule. More detailed information about the repayment terms is listed under REPAYMENT on the promissory note.
5. I must notify the lender of any occurrence which may affect my eligibility to receive or to continue to receive a deferment of principal and interest payments.
6. I understand that this loan must be paid. If I do not make payments when due, the lender may declare my loan in default. If I default, the Federal Government will take over my loan and I will then owe the Government. My default may result in court action to force me to pay. Federal law precludes me from discharging this loan in bankruptcy until after the first five years of the repayment period.
7. I understand that I can only use the proceeds of my HEAL loan for tuition and other reasonable educational and living expenses.

ALL RIGHT, TITLE AND INTEREST OF THE
UNDERSIGNED IS HEREBY ASSIGNED
(WITHOUT WARRANTY, EXCEPT THE NOTE
QUALIFIES FOR INSURANCE)
TO: THE UNITED STATES OF AMERICA

SALLIE MAE INC.
AUTHORIZED SERVICING AGENT FOR
HICA EDUCATION LOAN CORPORATION
BY: Case Manager 4/23/08

All right, title and interest of the undersigned is
herby assigned (without warranty, except that the
note qualifies for insurance) to the United States
of America
By: Cheryl Aquino 1-24-08
Claims Analyst ISC/12

BILL OF SALE AND BLANKET ENDORSEMENT

The undersigned Seller sells and assigns to HICA Education Loan Corporation ("Purchaser") and its successors and assigns all of Seller's rights, title, and insurance interest in the portfolio of Loans described in the attached Final Loan Transmittal Form. This sale is for value received and is in accordance with the terms and conditions of Loan Sale Agreement Dated November 24, 2003 (the "Agreement").

The Seller, by execution of this instrument, hereby endorses the attached promissory note, which is one of the promissory notes ("the Notes") described in the attached Final Loan Transmittal Form. If the Note is a Master Promissory Note, the undersigned endorses such Master Promissory Note only to the extent it evidences particular loans that are described in such Bill of Sale. This endorsement is in blank, unrestricted form and without recourse except as provided in the repurchase section of the Master Terms referred to in the applicable Loan Sale Agreement between Seller and Purchaser. If any of the Loans were made under a Master Promissory Note, this sale excludes an assignment of any right to offer, future loans under such Master Promissory Note.

This endorsement may be effected by attaching either this instrument or a facsimile each or any of the Notes.

SELLER

Student Loan Marketing Association
11600 Sallie Mae Drive
Reston VA, 20193

By: Sallie Mae, Inc.,
Authorized Agent

By: [Signature]
(Signature of Authorized Signatory)

Name: Karen K. Kooche
Manager
Loan Acquisitions and Conversions

Title: _____

OE Number(s)/Branch Code(s):

899986/0000,1000,9800

PURCHASER

HICA Education Loan Corporation
3900 West Technology Circle
Suite 7
Sioux Falls, SD 57106

By: [Signature]
(Signature of Authorized Signatory)

Name: Karen K. Kooche
Manager

Title: Loan Acquisitions and Conversions

Date of Purchase: 11/24/2003

- 1 -

SALLIE MAE TO HICA EDUCATION LOAN CORPORATION LSA1

THIS IS A TRUE AND EXACT COPY OF THE ORIGINAL DOCUMENT

6.30/2 180

BLANKET ENDORSEMENT

9. 9. 6

The undersigned ("Seller"), by execution of this instrument, hereby endorses the attached promissory note which is one of the promissory notes ("the Notes") described in the Bill of Sale executed by Seller in favor of the Student Loan Marketing Association ("Purchaser"). This endorsement is in blank, unrestricted form and without recourse except as provided in paragraph 10 of the Commitment and Loan Sale Agreement for GSL loans dated January 1, 1987 between Seller and Purchaser.

This endorsement may be effected by attaching either this instrument or a facsimile hereof to each or any of the Notes.

First American Bank

(Signature of Officer)

Linda T. Frece
Vice President

(Title of Officer)

STUDENT APPLICATION FOR A HEALTH EDUCATION ASSISTANCE LOAN

FOR OE USE ONLY

WARNING: Any person who knowingly makes a false statement or misrepresentation on this form is subject to penalties which may include fines and imprisonment under the U.S. Criminal Code.

SECTION I - TO BE COMPLETED BY STUDENT IMPORTANT READ INSTRUCTIONS BEFORE COMPLETING

1. LAST NAME; FIRST NAME, MIDDLE INITIAL CHIASCIONE Roberta M.		2. SOCIAL SECURITY NUMBER [REDACTED]		3. BIRTHDAY MONTH/DAY/YEAR [REDACTED]	
4. PERMANENT HOME RESIDENCE ADDRESS (street) 55 Hughes Terrace		CITY Yonkers,	STATE N.Y.	ZIP CODE 10701	AREA CODE/TELEPHONE NUMBER 914 965-1219
5. TEMPORARY SCHOOL RESIDENCE ADDRESS (street) 2201 L St. N.W.		CITY Washington,	STATE D.C.	ZIP CODE 20037	AREA CODE/TELEPHONE NUMBER 202 466-3155
6. U.S. CITIZEN OR NATIONAL (1) YES <input checked="" type="checkbox"/> (2) NO <input type="checkbox"/>		7. LEGAL STATE RESIDENCE New York		9. PERIOD OF LOAN MONTH/DAY/YEAR (1) FROM 9/1/83 (2) TO 6/22/84	
IF NO, GIVE I-94 AUTHORITY _____		8. MAJOR COURSE OF STUDY Medicine		10. AMOUNT REQUESTED \$ 10,000	

11. I, THE BORROWER, CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE, COMPLETE, AND CORRECT TO THE BEST OF MY KNOWLEDGE I FURTHER CERTIFY THAT THE PROCEEDS OF ANY LOAN MADE AS A RESULT OF THIS APPLICATION WILL BE USED FOR EDUCATIONAL PURPOSES AT THE INSTITUTION NAMED ON THIS FORM. I HEREBY AUTHORIZE THE EDUCATIONAL INSTITUTION TO MAKE REFUNDS DUE ME TO THE LENDING INSTITUTION IN ORDER TO REDUCE MY LOAN OBLIGATIONS. I AGREE THAT THE LOAN CHECK MAY BE MADE JOINTLY PAYABLE TO ME AND MY HEAL SCHOOL.

SIGNATURE OF APPLICANT

Roberta M. Chiascione

DATE

Jan. 3, 1984

STOP - APPLICANT MUST COMPLETE INFORMATION ON P.2 BEFORE APPLICATION CAN BE PROCESSED.

SECTION II - TO BE COMPLETED BY THE EDUCATIONAL INSTITUTION IMPORTANT READ INSTRUCTIONS BEFORE COMPLETING

12. NAME OF EDUCATIONAL INSTITUTION George Washington Univ. School of Medicine & Health Sciences		13. ENTITY NUMBER 1-530196584-A1		14. SCHOOL CODE 024517	
ADDRESS 2300 Eye St. N.W. #13		15. ACADEMIC YEAR MONTH/DAY/YEAR (1) FROM 7/15/83 (2) TO 6/22/84		16. PERIOD OF LOAN MONTH/DAY/YEAR (1) FROM 9/1/83 (2) TO 6/22/84	
CITY Washington	STATE DC	ZIP CODE 20037	17. STUDENT I.D. NUMBER 487176		
AREA CODE/TELEPHONE NUMBER 202/676-2960		18. ANTICIPATED DATE OF GRADUATION 5/85		19. I HEREBY CERTIFY THAT THE ABOVE STUDENT MEETS THE ELIGIBILITY REQUIREMENTS LISTED IN SECTION 60.5 OF THE HEAL REGULATIONS. (42 CFR 60.5)	
20. ESTIMATED COSTS OF EDUCATION FOR LOAN PERIOD		21. FINANCIAL AID AWARDED FOR LOAN PERIOD			
TUITION AND FEES \$ 17,150		EDUCATIONAL LOANS \$ 15,000			
OTHER \$ 10,500		SCHOLARSHIPS AND GRANTS \$ _____			
TOTAL \$ 27,650		OTHER \$ _____			
TOTAL \$ 15,000		TOTAL \$ 15,000			
22. NET COST OF EDUCATION (Item 20 less Item 21) \$ 12,650					

SIGNATURE OF AUTHORIZING OFFICIAL

NAME AND TITLE **Melissa Fouchard**

DATE

Melissa Fouchard Financial Aid Counselor 1-9-84

SECTION III - TO BE COMPLETED BY THE LENDING INSTITUTION IMPORTANT READ INSTRUCTIONS BEFORE COMPLETING

23. NAME OF LENDING INSTITUTION First American Bank, N.A.		24. ENTITY NUMBER [REDACTED]		25. LENDER CODE 826145	
ADDRESS 740 15th Street, N.W.		26. AREA CODE/TELEPHONE NUMBER 703-385-8502		27. AMOUNT LENDER APPROVES \$ 10,000	
CITY Washington,	STATE D.C.	ZIP CODE 20005			

STOP - REVIEW TOTAL APPLICATION BEFORE PROCESSING

28. SIGNATURE OF AUTHORIZED LENDING OFFICIAL Hilka Metz		PRINT OR TYPE NAME AND TITLE Hilka Metz, Asst. Acc't Rep.		DATE 01/20/84	
---	--	---	--	-------------------------	--

- 1 -

(White) — LENDER COPY 1



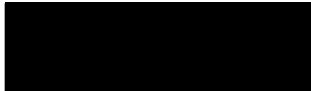
(Yellow) — HHS COPY 2

(Pink) — SCHOOL COPY 3

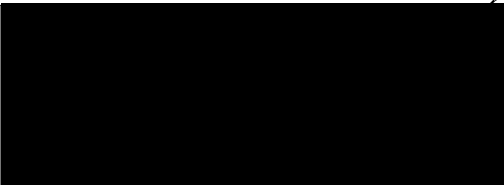
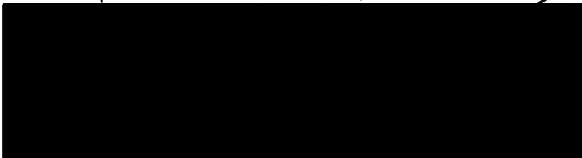
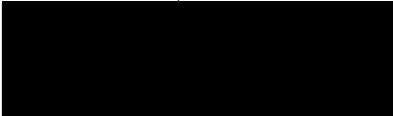
(Goldenrod) — STUDENT COPY 4

APPLICANT'S BACKGROUND INFORMATION
(This portion must be completed before processing)

29. INDICATE NAMES OF PARENTS (or guardians) OR, IF DECEASED, NEAREST LIVING RELATIVE OTHER THAN SPOUSE OR SPOUSE'S PARENTS

NAMES 	ADDRESS (Include number, street, city, State and ZIP code) 	TELEPHONE NO. (Include area code) 
--	--	--

30. INDICATE NAME OF NEAREST LIVING ADULT RELATIVE OTHER THAN PERSONS LISTED ABOVE. IF THIS IS NOT POSSIBLE, INDICATE THE NAME OF ANOTHER EMPLOYED ADULT WHO KNOWS YOU.

	ADDRESS (Include number, street, city, State and ZIP code) 	TELEPHONE NO (Include area code) 
--	--	---

31. LIST ALL INDEBTEDNESS OF \$100 OR MORE

ALL HEAL STUDENT LOANS		SCHOOL PERIOD		DATE OF LOAN	UNPAID BALANCE
NAME OF LENDER		BEGINNING	ENDING		
First American Bank, VA, Washington D.C.		Sept 1982	June 1983	8/12/82	\$ 10,000
First American Bank, VA, Washington DC		Sept 1982		9/1/83	\$ 10,000
					\$
					\$
					\$
OTHER DEBTS AND OTHER EDUCATIONAL LOANS				DATE OF LOAN	UNPAID BALANCE
(GSL loan) NAME OF LENDER					
NYSHESC - Chemical Bank				5/1/81	\$ 7500
NYSHESC - (GSL loan) Chemical Bank				10/9/82	\$ 5000
NYSHESC - (GSL loan) Chemical Bank				9/79	\$ 5000
					\$
					\$

ADDITIONAL INFORMATION (If necessary)

HEALTH EDUCATION ASSISTANCE LOAN PROGRAM
(42 U.S.C. 294-294f)

PROMISSORY NOTE

(VARIABLE RATE)

When you receive the loan disbursement check for endorsement, you will be provided notice of the amount financed (the loan amount less the insurance premium), the pre-paid finance charge (the insurance premium), and the annual percentage rate (APR) for the initial quarter. You are not contractually obligated on the loan if the disbursement check is not endorsed.

PROMISE TO PAY

I, Roberta M. Chiascione, the borrower, promise to pay to **First American Bank, N.A., Washington, D.C.** (the lender).

or the subsequent holder of this Note, the principal sum of 10,000.00 to the extent it is advanced to me, to pay interest on the principal sum as set out below and to pay authorized late charges, all reasonable attorney's fees, and other costs and charges that are permitted by Federal regulations and are necessary for the collection of any amount not paid when due.

The lender and I further understand and agree that:

INTEREST

1. Beginning on the day the loan is disbursed and ending when the repayment period commences, interest shall accrue. Payment of the interest accruing before the beginning of the repayment period may be postponed until the date upon which repayment of principal is required to begin or to resume, interest which has accrued and is not paid may be added to the principal sum of this Note not more frequently than every six (6) months. Beginning when the repayment period commences, interest shall accrue and be paid as set forth in the Repayment Schedule which the lender shall establish and provide to me.

2. Interest shall accrue and be payable at an **ANNUAL PERCENTAGE RATE** which is equal to a variable rate which is calculated by the Secretary of the Department of Health and Human Services for each calendar quarter and computed by determining the average of the bond equivalent rates for the ninety-one day U.S. Treasury Bills auctioned during the preceding quarter plus 2.5 percent, rounding this figure up to the nearest 1/8 of 1 percent.

3. Any change in the **ANNUAL PERCENTAGE RATE** will affect the payment amounts, the number of payments, or the amount due at maturity.

INSURANCE PREMIUM

I agree to pay the lender, in addition to interest and principal due, an amount equal to the premium that the lender is required to pay to the Secretary in order to provide insurance coverage on this Note. Payment of an insurance premium calculated in accordance with instructions issued by the Secretary shall be due and payable immediately and may be taken by the lender from the loan proceeds.

REPAYMENT

1. Repayment shall be made in periodic installments over a repayment period which starts the first day of the tenth month after the month in which I cease to be a full-time student at a HEAL school. However, if I become an intern or resident in an accredited program before that date, then the repayment period begins the first day of the tenth month after the month in which I cease to be an intern or resident.

2. The repayment period shall not be less than 10 years nor more than 25 years. In no event, however, shall the repayment period extend to a date that is more than 33 years from the date on which I signed this Promissory Note. Any period described under DEFERMENT shall not be included in determining the 10, 25, or 33 year periods.

3. The terms and conditions of repayment shall be set forth in a separate Repayment Schedule which the lender shall establish and shall provide me prior to the beginning of the repayment period.

4. I shall make a minimum annual repayment of at least \$600 or an amount equal to the annual interest on the unpaid principal balance, whichever is greater. If I have other outstanding HEAL

GENERAL

The terms of this Note shall be construed according to the Law (42 U.S.C. 294-294f) and the Federal regulation (42 CFR Part 60) governing the administration of the Health Education Assistance Loan (HEAL) Program, copies of which are on file with the holder of this Note.

I shall promptly notify the lender or any other holder of this Note in writing, of any change of name, address, school enrollment status or any other event described in paragraph 3 of the Borrower's Responsibilities as found on the reverse side of this Note.

I agree that all proceeds from this loan will be used solely for tuition and other reasonable educational and living expenses, including room and board, fees, books, supplies and equipment, laboratory expenses, transportation and commuting costs, personal expenses, the HEAL insurance premium, and interest on HEAL loans.

I have read and understand the Statement of Rights and Responsibilities printed on the reverse side of this form.

loans, the sum of all payments to all holders of my HEAL loans shall not be less than \$600 or an amount equal to the consolidated interest on the unpaid principal balance, whichever is greater. However, the \$600 rule does not apply if it would result in my repaying a HEAL loan in fewer than 10 years.

PREPAYMENT

I may, at my option and without penalty, prepay all or any part of this loan (principal or accrued interest) at any time. In the event of such prepayment, I shall be entitled to a rebate of unearned interest computed by [] the Sum of the Digits Formula (Rule of 78ths), or [] other (identify) _____ (Not to be completed if simple interest is computed on a daily basis).

DEFERMENT

Periodic installments of principal and interest need not be paid, but interest shall accrue.

1. When I am carrying a full-time course of study at a HEAL school or at an institution of higher education participating in the Guaranteed Student Loan Program; and

2. Not in excess of three years for each of the following when I am:

- A. a member of the Armed Forces of the United States,
- B. in service as a volunteer under the Peace Corps Act,
- C. in service as a full-time volunteer under Title I of the Domestic Volunteer Service Act of 1973; and
- D. a member of the National Health Service Corps.

3. Not in excess of four years when I am a participant in an accredited internship or residency program.

LATE CHARGES

I may be assessed a late charge of five percent of the installment payment or \$5.00, whichever is less, on any payment made later than 10 days after the due date.

DEATH/DISABILITY

If I die or become totally and permanently disabled, my unpaid indebtedness on this Note shall be cancelled in accordance with applicable Federal regulations.

DEFAULT

In the event of my default on this loan, the entire unpaid loan including interest due and accrued shall, at the option of the holder of this Note, become immediately due and payable.

Roberta M. Chiascione
SIGNATURE OF BORROWER

55 Hughes Terr. Yonkers, N.Y.
ADDRESS

Aug. 12, 1997
DATE

SIGNATURE OF BORROWER

ADDRESS

DATE

*NOTICE: This Note shall be executed without security and without endorsement, except that, if the borrower is a minor and this Note would not, under applicable State law, create a binding obligation, the lender may require an endorser also to sign this Note. The lender shall supply a copy of this Note to the borrower.

(WHITE) SALLIE MAE COPY (YELLOW) SCHOOL COPY (PINK) STUDENT COPY

BORROWER'S RIGHTS

1. The loan check or draft must be made payable to me or if authorized by me — jointly to me and the school. The check or draft must require my endorsement.
2. The lender must provide me with a copy of the completed promissory note when the loan is made. The lender must return the note to me when the loan is paid in full.
3. If the lender assigns (e.g., sells) the loan and the right to receive payments, I must be sent a clear notification which spells out my obligations to the new holder.
4. I have a right to a 9-month "grace period" before repayment begins after I have completed school attendance (and internship and residency in an accredited program, if started before the first day of the tenth month after I ceased to be a full-time student at a HEAL school).
5. I have a right to prepay the whole or any portion of the loan at any time without a penalty.
6. I have a right to deferment of principal and interest repayments if certain conditions exist. Under deferment, I am not required to make payments on the loan principal or interest for a period of time. The conditions that qualify me for a deferment are listed under DEFERMENT on the promissory note.
7. The lender will provide me with a repayment schedule before the repayment period begins.
8. My loan obligation will be cancelled in the event of my death or permanent and total disability in accordance with applicable Federal regulations.
9. At the option of the Federal Government, I may apply for a special contract to have my loan fully or partially repaid by serving for at least two years in the National Health Service Corps or in a health manpower shortage area identified by the Secretary of H.H.S. I understand that a contract may be granted depending on the availability of positions in shortage areas and the availability of Federal funds appropriated for this purpose.
10. The lender cannot change the terms of my HEAL loan without my consent.

BORROWER'S RESPONSIBILITIES

1. I understand that there is no interest subsidy on a HEAL loan and that I must pay all interest on the loan. If I do not make payments on time or if I default, the total amount to be repaid may be increased by additional interest costs, late charges, attorney's fees, court costs and other collection costs.
2. I understand that the lender may charge me an insurance premium and that I will not be entitled to any refund of this premium.
3. I must immediately notify the lender if any of the following occurs before the loan is repaid:
 - a. change of address
 - b. name change (e.g., maiden name to married name)
 - c. failure to enroll in a HEAL school for the period for which the loan is intended
 - d. transfer to another school
 - e. withdrawal from school or attendance on a less than full-time basis
 - f. graduation
 - g. cessation of participation in an internship/residency program or other eligible deferment status.
4. I must repay the loan in accordance with a repayment schedule. More detailed information about the repayment terms is listed under REPAYMENT on the promissory note.
5. I must notify the lender of any occurrence which may affect my eligibility to receive or to continue to receive a deferment of principal and interest payments.
6. I understand that this loan must be paid. If I do not make payments when due, the lender may declare my loan in default. If I default, the Federal Government will take over the loan and I will then owe the Government. My default may result in court action to force me to pay. Federal law precludes me from discharging this loan in bankruptcy until after the first five years of the repayment period.
7. I understand that I cannot use the proceeds of my HEAL loan for tuition and other reasonable educational and living expenses.

ALL RIGHT, TITLE AND INTEREST OFED
UNDERSIGNED IS HEREBY ASSIGNED
(WITHOUT WARRANTY, EXCEPT THE NOTE
QUALIFIES FOR INSURANCE)
TO: THE UNITED STATES OF AMERICA

SALLIE MAE INC.
AUTHORIZED SERVICING AGENT FOR
HICA EDUCATION LOAN CORPORATION
BY: *[Signature]* 4/23/18

All right, title and interest of the undersigned is
herby assigned (without warranty, except that the
note qualifies for bankruptcy discharge) to the
United States of America
BY: *[Signature]* 4/24/18
Claims Analyst

BILL OF SALE AND BLANKET ENDORSEMENT

The undersigned Seller sells and assigns to HICA Education Loan Corporation ("Purchaser") and its successors and assigns all of Seller's rights, title, and insurance interest in the portfolio of Loans described in the attached Final Loan Transmittal Form. This sale is for value received and is in accordance with the terms and conditions of Loan Sale Agreement Dated November 24, 2003 (the "Agreement").

The Seller, by execution of this instrument, hereby endorses the attached promissory note, which is one of the promissory notes ("the Notes") described in the attached Final Loan Transmittal Form. If the Note is a Master Promissory Note, the undersigned endorses such Master Promissory Note only to the extent it evidences particular loans that are described in such Bill of Sale. This endorsement is in blank, unrestricted form and without recourse except as provided in the repurchase section of the Master Terms referred to in applicable Loan Sale Agreement between Seller and Purchaser. If any of the Loans were made under a Master Promissory Note, this sale excludes an assignment of any right to offer, future loans under such Master Promissory Note.

This endorsement may be effected by attaching either this instrument or a facsimile each or any of the Notes.

SELLER

Student Loan Marketing Association
11600 Sallie Mae Drive
Reston VA, 20193

By: Sallie Mae, Inc.,
Authorized Agent

By: [Signature]
(Signature of Authorized Signatory)

Name: Karen K. Knoche
Manager
Loan Acquisitions and Conversions

Title: _____

OE Number(s)/Branch Code(s):

899986/0000, 1000, 9800

PURCHASER

HICA Education Loan Corporation
3900 West Technology Circle
Suite 7
Sioux Falls, SD 57106

By: [Signature]
(Signature of Authorized Signatory)

Name: Karen K. Knoche
Manager

Title: Loan Acquisitions and Conversions

Date of Purchase: 11/24/2003

- 1 -

SALLIE MAE TO HICA EDUCATION LOAN CORPORATION LSA1

THIS IS A TRUE AND EXACT COPY OF THE ORIGINAL DOCUMENT

G. 30/2 100

BLANKET ENDORSEMENT

9. 8. 6

The undersigned ("Seller"), by execution of this instrument, hereby endorses the attached promissory note which is one of the promissory notes ("the Notes") described in the Bill of Sale executed by Seller in favor of the Student Loan Marketing Association ("Purchaser"). This endorsement is in blank, unrestricted form and without recourse except as provided in paragraph 10 of the Commitment and Loan Sale Agreement for GSL loans dated January 1, 1987 between Seller and Purchaser.

This endorsement may be effected by attaching either this instrument or a facsimile hereof to each or any of the Notes.

First American Bank

(Signature of Officer)

Linda T. Frece
Vice President

(Title of Officer)

STUDENT APPLICATION FOR A HEALTH EDUCATION ASSISTANCE LOAN

FOR OE USE ONLY

WARNING: Any person who knowingly makes a false statement or misrepresentation on this form is subject to penalties which may include fines and imprisonment under the U.S. Criminal Code.

SECTION I - TO BE COMPLETED BY STUDENT **IMPORTANT** READ INSTRUCTIONS BEFORE COMPLETING

1. LAST NAME; FIRST NAME, MIDDLE INITIAL CHIASCIONE, Roberta M.		2. SOCIAL SECURITY NUMBER [REDACTED]		3. BIRTHDAY MONTH/DAY/YEAR [REDACTED]	
4. PERMANENT HOME RESIDENCE ADDRESS (street) 55 Hughes Terrace		CITY Yonkers,		STATE N.Y.	
		ZIP CODE 10701		AREA CODE/TELEPHONE NUMBER 914-965-1219	
5. TEMPORARY SCHOOL RESIDENCE ADDRESS (street) 2201 L St. N.W. #415		CITY Washington,		STATE D.C.	
		ZIP CODE 20037		AREA CODE/TELEPHONE NUMBER 202-466-3155	
6. U.S. CITIZEN OR NATIONAL (1) YES <input checked="" type="checkbox"/> (2) NO <input type="checkbox"/>		7. LEGAL STATE RESIDENCE New York		9. PERIOD OF LOAN MONTH/DAY/YEAR (1) FROM 8/30/84 (2) TO MF 5/24/85	
IF NO, GIVE		8. MAJOR COURSE OF STUDY Medicine		10. AMOUNT REQUESTED \$ 10,000	
I-94 AUTHORITY					

11. I, THE BORROWER, CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE, COMPLETE, AND CORRECT TO THE BEST OF MY KNOWLEDGE. I FURTHER CERTIFY THAT THE PROCEEDS OF ANY LOAN MADE AS A RESULT OF THIS APPLICATION WILL BE USED FOR EDUCATIONAL PURPOSES AT THE INSTITUTION NAMED ON THIS FORM. I HEREBY AUTHORIZE THE EDUCATIONAL INSTITUTION TO MAKE REFUNDS DUE ME TO THE LENDING INSTITUTION IN ORDER TO REDUCE MY LOAN OBLIGATIONS. I AGREE THAT THE LOAN CHECK MAY BE MADE JOINTLY PAYABLE TO ME AND MY HEAL SCHOOL.

SIGNATURE OF APPLICANT

DATE

Roberta M. Chiascione**8/24/84**

STOP - APPLICANT MUST COMPLETE INFORMATION ON P.2 BEFORE APPLICATION CAN BE PROCESSED.

SECTION II - TO BE COMPLETED BY THE EDUCATIONAL INSTITUTION **IMPORTANT** READ INSTRUCTIONS BEFORE COMPLETING

12. NAME OF EDUCATIONAL INSTITUTION George Washington University School of Medicine and Health Sciences		13. ENTITY NUMBER 1530196584-A1		14. SCHOOL CODE 024517	
ADDRESS 2300 Eye Street, N.W. Room 713		15. ACADEMIC YEAR MONTH/DAY/YEAR (1) FROM 8/28/84 MF 5/24/85 (2) TO		16. PERIOD OF LOAN MONTH/DAY/YEAR (1) FROM 8/30/84 (2) TO 5/24/85	
CITY Washington, DC		STATE 20037		ZIP CODE	
AREA CODE/TELEPHONE NUMBER 02) 676-2960		17. STUDENT I.D. NUMBER MF 487176		18. ANTICIPATED DATE OF GRADUATION 5/85	
19. I HEREBY CERTIFY THAT THE ABOVE STUDENT MEETS THE ELIGIBILITY REQUIREMENTS LISTED IN SECTION 60.5 OF THE HEAL REGULATIONS. (42 CFR 60.5)		20. ESTIMATED COSTS OF EDUCATION FOR LOAN PERIOD TUITION AND FEES \$ 17,050 OTHER \$ 11,150 TOTAL \$ 28,200		21. FINANCIAL AID AWARDED FOR LOAN PERIOD EDUCATIONAL LOANS \$ SCHOLARSHIPS AND GRANTS \$ OTHER \$ TOTAL \$ 0	
22. NET COST OF EDUCATION (Item 20 less Item 21)		\$ 28,200			

SIGNATURE OF AUTHORIZING OFFICIAL

NAME AND TITLE **Melissa Fauchard** DATE**Melissa Fauchard****Financial Aid Counselor****8-30-84**SECTION III - TO BE COMPLETED BY THE LENDING INSTITUTION **IMPORTANT** READ INSTRUCTIONS BEFORE COMPLETING

23. NAME OF LENDING INSTITUTION First American Bank, N.A.		24. ENTITY NUMBER [REDACTED]		25. LENDER CODE 826145	
ADDRESS 740 15th St. N.W.		26. AREA CODE/TELEPHONE NUMBER 703-385-8502		27. AMOUNT LENDER APPROVES \$ 10,000	
CITY Washington, D.C.		STATE 20005		ZIP CODE	

STOP - REVIEW TOTAL APPLICATION BEFORE PROCESSING

28. SIGNATURE OF AUTHORIZED LENDING OFFICIAL Hilka Metz		PRINT OR TYPE NAME AND TITLE Hilka Metz, Asst. Acc't Rep.		DATE 9/24/84	
---	--	---	--	------------------------	--

- 1 -

(White) — LENDER COPY 1

(Yellow) — HHS COPY 2

(Pink) — SCHOOL COPY 3

(Goldenrod) — STUDENT COPY 4

DETACH AFTER FILLING OUT

LICANT'S BACKGROUND INFORMATION

(This portion must be completed before processing)

29. INDICATE NAMES OF PARENTS (or guardians) OR, IF DECEASED; NEAREST LIVING RELATIVE OTHER THAN SPOUSE OR SPOUSE'S PARENTS

NAMES	ADDRESS (Include number, street, city, State and ZIP code)	TELEPHONE NO. (Include area code)

30. INDICATE NAME OF NEAREST LIVING ADULT RELATIVE OTHER THAN PERSONS LISTED ABOVE. IF THIS IS NOT POSSIBLE, INDICATE THE NAME OF ANOTHER EMPLOYED ADULT WHO KNOWS YOU.

NAMES	ADDRESS (Include number, street, city, State and ZIP code)	TELEPHONE NO. (Include area code)

31. LIST ALL INDEBTEDNESS OF \$100 OR MORE

ALL HEAL STUDENT LOANS		SCHOOL PERIOD		DATE OF LOAN	UNPAID BALANCE
NAME OF LENDER		BEGINNING	ENDING		
First American Bank, NA Washington D.C.		9/82	6/83	8/12/82	\$ 10,000 -
First American Bank, NA Washington D.C.		9/83	6/84	9/1/83	\$ 10,000 -
First American Bank, NA Washington D.C.		1/84	6/84	2/21/84	\$ 10,000 -
					\$
					\$
OTHER DEBTS AND OTHER EDUCATIONAL LOANS				DATE OF LOAN	UNPAID BALANCE
NAME OF LENDER					
NYSHESC - GSL loan - Chemical Bank				5/1/81	\$ 7500 -
NYSHESC - GSL loan - Chemical Bank				10/7/82	\$ 5000 -
NYSHESC - GSL loan - Chemical Bank				9/79	\$ 5000 -
NYSHESC - GSL loan - Chemical Bank				5/31/84	\$ 5000 -

ADDITIONAL INFORMATION (If necessary)

U.S. DEPARTMENT OF
HEALTH AND HUMAN SERVICES
PUBLIC HEALTH SERVICE
HEALTH SERVICES ADMINISTRATION

HEALTH EDUCATION ASSISTANCE LOAN PROGRAM
(42 U.S.C. 294-294e)

PROMISSORY NOTE (VARIABLE RATE)

When you receive the loan disbursement check for endorsement, you will be provided notice of the amount financed (the loan amount less the insurance premium), the pre-paid finance charge (the insurance premium), and the annual percentage rate (APR) for the initial quarter. You are not contractually obligated on the loan if the disbursement check is not endorsed.

PROMISE TO PAY

I, Roberta M. Chiascione, the borrower, promise to pay to First American Bank, N.A., Washington, D.C. (the lender), or the subsequent holder of this Note, the principal sum of \$7,500.00 to the extent it is advanced to me, to pay interest on the principal sum as set out below and to pay authorized late charges, all reasonable attorney's fees, and other costs and charges that are permitted by Federal regulations and are necessary for the collection of any amount not paid when due.

The lender and I further understand and agree that:

INTEREST

1. Beginning on the day the loan is disbursed and ending when the repayment period commences, interest shall accrue. Payment of the interest accruing before the beginning of the repayment period may be postponed until the date upon which repayment of principal is required to begin or to resume, interest which has accrued and is not paid may be added to the principal sum of this Note not more frequently than every six (6) months. Beginning when the repayment period commences, interest shall accrue and be paid as set forth in the Repayment Schedule which the lender shall establish and provide to me.

2. Interest shall accrue and be payable at an **ANNUAL PERCENTAGE RATE** which is equal to a variable rate which is calculated by the Secretary of the Department of Health and Human Services for each calendar quarter and computed by determining the average of the bond equivalent rates for the ninety-one day U.S. Treasury Bills auctioned during the preceding quarter, plus 3.5 percent, rounding this figure up to the nearest 1/8 of 1 percent.

3. Any change in the **ANNUAL PERCENTAGE RATE** will affect the payment amounts, the number of payments, or the amount due at maturity.

INSURANCE PREMIUM

I agree to pay the lender, in addition to interest and principal due, an amount equal to the premium that the lender is required to pay to the Secretary in order to provide insurance coverage on this Note. Payment of an insurance premium calculated in accordance with instructions issued by the Secretary shall be due and payable immediately and may be taken by the lender from the loan proceeds.

REPAYMENT

1. Repayment shall be made in periodic installments over a repayment period which starts the first day of the tenth month after the month in which I cease to be a full-time student at a HEAL school. However, if I become an intern or resident in an accredited program before that date, then the repayment period begins the first day of the tenth month after the month in which I cease to be an intern or resident.

2. The repayment period shall not be less than 10 years nor more than 25 years. In no event, however, shall the repayment period extend to a date that is more than 33 years from the date on which I signed this Promissory Note. Any period described under DEFERMENT shall not be included in determining the 10, 25, or 33 year periods.

3. The terms and conditions of repayment shall be set forth in a separate Repayment Schedule which the lender shall establish and shall provide me prior to the beginning of the repayment period.

4. I shall make a minimum annual repayment of at least \$600 or an amount equal to the annual interest on the unpaid principal balance, whichever is greater. If I have other outstanding HEAL

GENERAL

The terms of this Note shall be construed according to the Law (42 U.S.C. 294-294e) and the Federal regulation (42 CFR Part 60) governing the administration of the Health Education Assistance Loan (HEAL) Program, copies of which are on file with the holder of this Note.

I shall promptly notify the lender or any other holder of this Note in writing, of any change of name, address, school enrollment status or any other event described in paragraph 3 of the Borrower's Responsibilities as found on the reverse side of this Note.

I agree that all proceeds from this loan will be used solely for tuition and other reasonable educational and living expenses, including room and board, fees, books, supplies and equipment, laboratory expenses, transportation and commuting costs, personal expenses, the HEAL insurance premium, and interest on HEAL loans.

I have read and understand the Statement of Rights and Responsibilities printed on the reverse side of this form.

loans, the sum of all payments to all holders of my HEAL loans shall not be less than \$600 or an amount equal to the consolidated interest on the unpaid principal balances, whichever is greater. However, the \$600 rule does not apply if it would result in my repaying a HEAL loan in fewer than 10 years.

PREPAYMENT

I may, at my option and without penalty, prepay all or any part of this loan (principal or accrued interest) at any time. In the event of such prepayment, I shall be entitled to a rebate of unearned interest computed by () the Sum of the Digest Formula (Rule of 78ths), or () other (identify) N/A (Not to be completed if simple interest is computed on a daily basis)

DEFERMENT

Periodic installments of principal and interest need not be paid, but interest shall accrue:

1. When I am carrying a full-time course of study at a HEAL school or at an institution of higher education participating in the Guaranteed Student Loan Program; and

2. Not in excess of three years for each of the following when I am:

- A. a member of the Armed Forces of the United States;
- B. in service as a volunteer under the Peace Corps Act;
- C. in service as a full-time volunteer under Title I of the Domestic Volunteer Service Act of 1973; and
- D. a member of the National Health Service Corps.

3. Not in excess of four years when I am a participant in an accredited internship or residency program.

LATE CHARGES

I may be assessed a late charge of five percent of the installment payment or \$5.00, whichever is less, on any payment made later than 10 days after the due date.

DEATH/DISABILITY

If I die or become totally and permanently disabled, my unpaid indebtedness on this Note shall be cancelled in accordance with applicable Federal regulations.

DEFAULT

In the event of my default on this loan, the entire unpaid loan including interest due and accrued shall, at the option of the holder of this Note, become immediately due and payable.

SIGNATURE OF BORROWER

ADDRESS

DATE

SIGNATURE OF BORROWER

ADDRESS

DATE

*NOTICE: This Note shall be executed without security and without endorsement, except that, if the borrower is a minor and this Note would not, under applicable State law, create a binding obligation, the lender may require an endorser also to sign this Note. The lender shall supply a copy of this Note to the borrower.

(NOVEMBER 1982)

(WHITE) SALLIE MAE COPY (YELLOW) SCHOOL COPY (PINK) STUDENT COPY

STATEMENT OF BORROWER'S RIGHTS AND RESPONSIBILITIES

BORROWER'S RIGHTS

1. The loan check or draft must be made payable to me or if authorized by me — jointly to me and the school. The check or draft must require my endorsement.
2. The lender must provide me with a copy of the completed promissory note when the loan is made. The lender must return the note to me when the loan is paid in full.
3. If the lender assigns (e.g., sells) the loan and the right to receive payments, I must be sent a clear notification which spells out my obligations to the new holder.
4. I have a right to a 9-month "grace period" before repayment begins after I have completed school attendance (and internship and residency in an accredited program, if started before the first day of the tenth month after I ceased to be a full-time student at a HEAL school).
5. I have a right to prepay the whole or any portion of the loan at any time without a penalty.
6. I have a right to deferment of principal and interest repayments if certain conditions exist. Under deferment, I am not required to make payments on the loan principal or interest for a period of time. The conditions that qualify me for a deferment are listed under DEFERMENT on the promissory note.
7. The lender will provide me with a repayment schedule before the repayment period begins.
8. My loan obligation will be cancelled in the event of my death or permanent and total disability in accordance with applicable Federal regulations.
9. At the option of the Federal Government, I may apply for a special contract to have my loan fully or partially repaid by serving for at least two years in the National Health Service Corps or in a health manpower shortage area identified by the Secretary of H.H.S. I understand that a contract may be granted depending on the availability of positions in shortage areas and the availability of Federal funds appropriated for this purpose.
10. The lender cannot change the terms of my HEAL loan without my consent.

BORROWER'S RESPONSIBILITIES

1. I understand that there is no interest subsidy on a HEAL loan and that I must pay all interest on the loan. If I do not make payments on time or if I default, the total amount to be repaid may be increased by additional interest costs, late charges, attorney's fees, court costs and other collection costs.
2. I understand that the lender may charge me an insurance premium and that I will not be entitled to any refund of this premium.
3. I must immediately notify the lender if any of the following occurs before the loan is repaid:
 - a. change of address
 - b. name change (e.g., maiden name to married name)
 - c. failure to enroll in a HEAL school for the period for which the loan is intended
 - d. transfer to another school
 - e. withdrawal from school or attendance on a less than full-time basis
 - f. graduation
 - g. cessation of participation in an internship/residency program or other eligible deferment status.
4. I must repay the loan in accordance with a repayment schedule. More detailed information about the repayment terms is listed under REPAYMENT on the promissory note.
5. I must notify the lender of any occurrence which may affect my eligibility to receive or to continue to receive a deferment of principal and interest payments.
6. I understand that this loan must be paid. If I do not make payments when due, the lender may declare my loan in default. If I default, the Federal Government will take over my loan and I will then owe the Government. My default may result in court action to force me to pay. Federal law precludes me from discharging my loan in bankruptcy until after the first five years of the repayment period.
7. I understand that I can only use the proceeds of my HEAL loan for tuition and other reasonable educational and living expenses.

ALL RIGHT, TITLE AND INTEREST OF THE
 UNDERSIGNED IS HEREBY ASSIGNED
 (WITHOUT WARRANTY, EXCEPT THE NOTE
 QUALIFIES FOR INSURANCE)
 TO: THE UNITED STATES OF AMERICA

SALLIE MAE INC.
 AUTHORIZED SERVICING AGENT FOR
 HICA EDUCATION LOAN CORPORATION
 BY: *Charles King* 4/23/98

All right, title and interest of the undersigned is
 hereby assigned (without warranty, except that the
 note qualifies for insurance) to the United States
 of America.
 By: *Therese Aguirre* 1-24-90
Arms Analyst

BILL OF SALE AND BLANKET ENDORSEMENT

The undersigned Seller sells and assigns to HICA Education Loan Corporation ("Purchaser") and its successors and assigns all of Seller's rights, title, and insurance interest in the portfolio of Loans described in the attached Final Loan Transmittal Form. This sale is for value received and is in accordance with the terms and conditions of Loan Sale Agreement Dated November 24, 2003 (the "Agreement").

The Seller, by execution of this instrument, hereby endorses the attached promissory note, which is one of the promissory notes ("the Notes") described in the attached Final Loan Transmittal Form. If the Note is a Master Promissory Note, the undersigned endorses such Master Promissory Note only to the extent it evidences particular loans that are described in such Bill of Sale. This endorsement is in blank, unrestricted form and without recourse except as provided in the repurchase section of the Master Terms referred to in the applicable Loan Sale Agreement between Seller and Purchaser. If any of the Loans were made under a Master Promissory Note, this sale excludes an assignment of any right to offer, future loans under such Master Promissory Note.

This endorsement may be effected by attaching either this instrument or a facsimile each or any of the Notes.

SELLER

Student Loan Marketing Association
11600 Sallie Mae Drive
Reston VA, 20193

By: Sallie Mae, Inc.,
Authorized Agent

By: (Signature of Authorized Signatory)

Name: Karen K. Knoche
Manager
Loan Acquisitions and Conversions

Title: _____

OE Number(s)/Branch Code(s):

899986/0000,1000,9800

PURCHASER

HICA Education Loan Corporation
3900 West Technology Circle
Suite 7
Sioux Falls, SD 57106

By: (Signature of Authorized Signatory)

Name: Karen K. Knoche
Manager

Title: Loan Acquisitions and Conversions

Date of Purchase: 11/24/2003

- 1 -

SALLIE MAE TO HICA EDUCATION LOAN CORPORATION LSA1

THIS IS A TRUE AND EXACT COPY OF THE ORIGINAL DOCUMENT

G. 30/2 100

BLANKET ENDORSEMENT

9. 8. 6

The undersigned ("Seller"), by execution of this instrument, hereby endorses the attached promissory note which is one of the promissory notes ("the Notes") described in the Bill of Sale executed by Seller in favor of the Student Loan Marketing Association ("Purchaser"). This endorsement is in blank, unrestricted form and without recourse except as provided in paragraph 10 of the Commitment and Loan Sale Agreement for GSL loans dated January 1, 1987 between Seller and Purchaser.

This endorsement may be effected by attaching either this instrument or a facsimile hereof to each or any of the Notes.

First American Bank

(Signature of Officer)

Linda T. Frece
Vice President

(Title of Officer)

THIS IS A TRUE AND EXACT COPY OF THE ORIGINAL DOCUMENT

STUDENT APPLICATION FOR A HIGHER EDUCATION ASSISTANCE LOAN

FOR OE USE ONLY

WARNING: Any person who knowingly makes a false statement or misrepresentation on this form is subject to penalties which may include fines and imprisonment under the U.S. Criminal Code.

SECTION I - TO BE COMPLETED BY STUDENT **IMPORTANT READ INSTRUCTIONS BEFORE COMPLETING**

1. LAST NAME; FIRST NAME, MIDDLE INITIAL CHIASCIONE Roberta M.		2. SOCIAL SECURITY NUMBER [REDACTED]		3. BIRTHDAY MONTH/DAY/YEAR [REDACTED]	
4. PERMANENT HOME RESIDENCE ADDRESS (street) 55 Hughes Terrace		CITY Yonkers,	STATE N.Y.	ZIP CODE 10701	AREA CODE/TELEPHONE NUMBER 914-965-1219
5. TEMPORARY SCHOOL RESIDENCE ADDRESS (street) 2201 L St. N.W. #415		CITY Washington,	STATE D.C.	ZIP CODE 20037	AREA CODE/TELEPHONE NUMBER 202-466-3155
6. U.S. CITIZEN OR NATIONAL (1) YES <input checked="" type="checkbox"/> (2) NO <input type="checkbox"/> IF NO, GIVE I-94 AUTHORITY _____		7. LEGAL STATE RESIDENCE New York		9. PERIOD OF LOAN MONTH/DAY/YEAR (1) FROM 9/1/82 (2) TO 7/31/83	
		8. MAJOR COURSE OF STUDY Medicine		10. AMOUNT REQUESTED \$ 10,000	

11. I, THE BORROWER, CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE, COMPLETE, AND CORRECT TO THE BEST OF MY KNOWLEDGE. I FURTHER CERTIFY THAT THE PROCEEDS OF ANY LOAN MADE AS A RESULT OF THIS APPLICATION WILL BE USED FOR EDUCATIONAL PURPOSES AT THE INSTITUTION NAMED ON THIS FORM. I HEREBY AUTHORIZE THE EDUCATIONAL INSTITUTION TO MAKE REFUNDS DUE ME TO THE LENDING INSTITUTION IN ORDER TO REDUCE MY LOAN OBLIGATIONS.

SIGNATURE OF APPLICANT **Roberta M. Chiascione** DATE **6/16/82**

STOP - APPLICANT MUST COMPLETE INFORMATION ON P.2 BEFORE APPLICATION CAN BE PROCESSED.

SECTION II - TO BE COMPLETED BY THE EDUCATIONAL INSTITUTION **IMPORTANT READ INSTRUCTIONS BEFORE COMPLETING**

12. NAME OF EDUCATIONAL INSTITUTION George Washington University School of Medicine and Health Sciences		13. ENTITY NUMBER 1-530196584-A1		14. SCHOOL CODE 024517	
ADDRESS 2300 Eye St., NW		15. ACADEMIC YEAR MONTH/DAY/YEAR (1) FROM 8/1/82 (2) TO 7/31/83		16. PERIOD OF LOAN MONTH/DAY/YEAR (1) FROM 9/1/82 (2) TO 5/31/83	
CITY Washington, D.C.		STATE D.C.		ZIP CODE 20037	
AREA CODE/TELEPHONE NUMBER 202/676-2960		17. STUDENT I.D. NUMBER 487176		18. ANTICIPATED DATE OF GRADUATION 5/85	
19. I HEREBY CERTIFY THAT THE ABOVE STUDENT IS ACCEPTED FOR THE ENROLLMENT OR IS ENROLLED IN GOOD STANDING AS A FULL-TIME STUDENT. IF A SCHOOL OF MEDICINE, OSTEOPATHY OR DENTISTRY, I ALSO CERTIFY THAT THIS APPLICATION DOES NOT CAUSE THE NUMBER OF STUDENTS AUTHORIZED TO RECEIVE LOANS TO EXCEED 50% OF THE TOTAL ENROLLMENT OF THE STUDENT'S CLASS. IF A SCHOOL OF PHARMACY, I ALSO CERTIFY THAT THE STUDENT HAS COMPLETED THREE YEARS OF TRAINING.		20. ESTIMATED COSTS OF EDUCATION FOR LOAN PERIOD TUTION AND FEES \$ 16,870 OTHER \$ 10,110 TOTAL \$ 26,980		21. FINANCIAL AID AWARDED FOR LOAN PERIOD EDUCATIONAL LOANS \$ 9800 SCHOLARSHIPS AND GRANTS \$ 0 OTHER \$ 0 TOTAL \$ 9800	
		22. NET COST OF EDUCATION (Item 20 less Item 21)		\$ 17,180	

SIGNATURE OF AUTHORIZING OFFICIAL **Melissa Fouchard** NAME AND TITLE **Melissa Fouchard Assistant to the Director of Financial Aid** DATE **7/1/82**

SECTION III - TO BE COMPLETED BY THE LENDING INSTITUTION **IMPORTANT READ INSTRUCTIONS BEFORE COMPLETING**

23. NAME OF LENDING INSTITUTION First American Bank, N.A.		24. ENTITY NUMBER 53-014-1875		25. LENDER CODE 826145	
ADDRESS 740 15th Street, N.W.					
CITY Washington, D.C.		26. AREA CODE/TELEPHONE NUMBER 703-385-4777		27. AMOUNT LENDER APPROVES \$ 10,000	
STATE D.C.					
ZIP CODE 20005					

STOP - REVIEW TOTAL APPLICATION BEFORE PROCESSING

28. SIGNATURE OF AUTHORIZED LENDING OFFICIAL **Wm. Mainstrom Sr.** PRINT OR TYPE NAME AND TITLE **Acc't. Rep.** DATE **8/20/82**

APPLICANT'S BACKGROUND INFORMATION*(This portion must be completed before processing)***29. INDICATE NAMES OF PARENTS (or guardians) OR, IF DECEASED, NEAREST LIVING RELATIVE OTHER THAN SPOUSE OR SPOUSE'S PARENTS**

NAMES [REDACTED]	ADDRESS (Include number, street, city, State and ZIP code) [REDACTED]	TELEPHONE NO. (Include area code) [REDACTED]
----------------------------	---	--

30. INDICATE NAME OF NEAREST LIVING ADULT RELATIVE OTHER THAN PERSONS LISTED ABOVE. IF THIS IS NOT POSSIBLE, INDICATE THE NAME OF ANOTHER EMPLOYED ADULT WHO KNOWS YOU.

NAMES [REDACTED]	ADDRESS (Include number, street, city, State and ZIP code) [REDACTED]	TELEPHONE NO (Include area code) [REDACTED]
----------------------------	---	---

31. LIST ALL INDEBTEDNESS OF \$100 OR MORE

ALL HEAL STUDENT LOANS		SCHOOL PERIOD		DATE OF LOAN	UNPAID BALANCE
NAME OF LENDER		BEGINNING	ENDING		
					\$
					\$
					\$
					\$
					\$
					\$
OTHER DEBTS AND OTHER EDUCATIONAL LOANS				DATE OF LOAN	UNPAID BALANCE
NAME OF LENDER					
GSL-	Chemical Bank			9/1/79	\$ 5,000
GSL-	Chemical Bank			5/4/81	\$ 7,500
					\$
					\$
					\$
					\$
					\$
					\$

ADDITIONAL INFORMATION (If necessary)

REPAYMENT OBLIGATION (VARIABLE RATE)

FILE COPY

LOAN SERVICING CENTER

LOAN SERVICING CENTER

P.O. BOX 1000, NEWPORT, VIRGINIA 22110 (703) 571-6611

02/23/89

CHIASCIONE ROBERTA M
P.O. BOX 557
YONKERS, NY 10703

This is the schedule for the repayment of your variable-rate Health Education Assistance student loan(s) owned by the STUDENT LOAN MARKETING ASSOCIATION ("Lender") and a disclosure of finance charges related to these loan(s)

LOANS TO WHICH THIS REPAYMENT OBLIGATION IS APPLICABLE					
LOAN DATE	ORIGINAL LOAN AMOUNT	LOAN DATE	ORIGINAL LOAN AMOUNT	LOAN DATE	ORIGINAL LOAN AMOUNT
09/13/82	10,000.00	09/12/83	10,000.00	02/08/84	10,000.00
10/12/84	10,000.00	02/22/85	7,500.00		

Installments of principal may be deferred if you qualify for one of the deferment conditions listed on the statements of Rights and Responsibilities printed on the reverse side of this form. You must provide proper documentation to the Lender to support any deferment status.

Since the loan(s) bear(s) simple interest, early payments of installments will result in faster amortization of the loan principal and thus reduced interest charges over the term of the repayment period. Installments are credited to accrued interest and outstanding principal, in that order, as of the day installments are received. An overpayment of less than \$5.00 calculated after receipt of the final installment may not be refunded.

ANNUAL PERCENTAGE RATE The cost of the credit as a yearly rate 11.500X		FINANCE CHARGE The dollar amount the credit will cost \$152,246.46		Amount Financed The amount of credit provided to you or on your behalf \$82,605.54		Total of Payments The amount that will be paid after all payments have been made as scheduled \$234,910.80	
YOUR REPAYMENT SCHEDULE WILL BE		NO. OF PAYMENTS		AMOUNT OF PAYMENTS		DUE MONTHLY BEGINNING	
NO. OF PAYMENTS	AMOUNT OF PAYMENTS	DUE MONTHLY BEGINNING	NO. OF PAYMENTS	AMOUNT OF PAYMENTS	DUE MONTHLY BEGINNING	NO. OF PAYMENTS	AMOUNT OF PAYMENTS
274	\$854.23	04/23/89	1	\$856.40	02/23/12		

Variable Rate: The ANNUAL PERCENTAGE RATE may increase (or decrease) during the term of this transaction if the index to the average of the bond equivalent rates reported for ninety-one day U.S. Treasury Bills increases (or decreases) as determined by the interest calculation formula set forth in your Promissory Note(s). The rate will not change more than once every calendar quarter. Any increase in the rate will, at the option of the Lender, take the form of higher regular payments, more payments of the same amount, or a larger amount due at maturity. For example, should the lender exercise the option to raise the regular payments, if your loan was for \$10,000 at 10% for 20 years and the rate increased to 11% in a quarter, your regular monthly payments would increase by \$6.72 during the following quarter.

PREPAYMENT: If you pay off all or part of this obligation early, you will not have to pay a penalty.

LATE CHARGE: If a payment is late, you may be charged 5% of the payment.

NOTE: Please see your Promissory Note(s) for additional information about nonpayment, default, any required repayment in full before the scheduled date, and prepayment penalties.

The ANNUAL PERCENTAGE RATE (APR) is a variable rate, subject to increase or decrease. The rate will increase (or decrease) if the average of the bond equivalent rates for ninety-one day U.S. Treasury Bills increases (or decreases). The amount disclosed above is the APR in effect at the time this repayment obligation was prepared. The FINANCE CHARGE and the Total of Payments disclosed are based on the APR as disclosed above.

All payments for the repayment period are due on the same day of the month as the initial payment. If a payment is not made as scheduled (e.g. if you are late in making a payment or if you are entitled to a deferment), or if under applicable law payments should have commenced on a date other than as listed in the repayment schedule, the Lender will adjust the repayment schedule and, if permitted by law, may capitalize unpaid accrued interest.

Your obligation to repay is subject to the terms and conditions of the Promissory Note(s) you executed and will be interpreted in light of the provisions of the Public Health Services Act (42 U.S.C. 294-2941) and Federal Regulations issued thereunder (45 C.F.R. Part 126).

WARNING: Any person who knowingly makes a false statement or misrepresentation in a HEAL transaction, bribes or attempts to bribe a Federal official, fraudulently obtains a HEAL loan or commits any other illegal action in connection with a HEAL loan is subject to a fine or imprisonment under Federal statute.

I RECEIVED A COPY OF THE REPAYMENT OBLIGATION

SIGNATURE OF BORROWER

DATE

PERMANENT ADDRESS

CITY STATE ZIP

☐ Check here if this is a new address

ITEMIZATION OF AMOUNT FINANCED

A OUTSTANDING PRINCIPAL	817,706.42
B ACCRUED UNPAID INTEREST	10,899.12
C ACCRUED UNPAID INTEREST	
D NOT TO BE CAPITALIZED	
TOTAL (A+B+C)	828,605.54



DEPARTMENT OF HEALTH & HUMAN SERVICES

Program Support Center

Debt Collection Center

CERTIFICATE OF INDEBTEDNESS***Health Education Assistance Loan***

Roberta M. Chiascione
 55 Hughes Terrace
 Yonkers, NY 10701

Total debt due United States as of February 05, 2019: \$145,972.96 (principal \$142,311.84; interest \$3,661.12).

I certify that the Department of Health and Human Services' (HHS) records show that the named individual is indebted to the United States in the amount stated above. Interest is computed at a variable rate and adjusted quarterly. Interest is currently accruing at the rate of 5.5% per annum; and \$21.44 per day. Due to the compounding of interest, the current principal amount is greater than the original amount borrowed.

The claim arose in connection with Health Education Assistance Loan(s) made by a private lender and assigned to the United States.

Ms. Chiascione applied for and was granted the following Health Education Assistance Loans (HEAL), Section 701-720 of the Public Health Service Act (42 U.S.C. 292).

<u>Date of Promissory Note</u>	<u>Amount of Promissory Note</u>	<u>Amount Disbursed</u>	<u>Date Disbursed</u>
08/12/82	\$10,000.00	\$10,000.00	09/13/82
08/05/83	\$10,000.00	\$10,000.00	09/12/83
01/12/84	\$10,000.00	\$10,000.00	02/08/84
08/12/84	\$10,000.00	\$10,000.00	10/12/84
01/30/85	\$7,500.00	\$7,500.00	02/22/85

Ms. Chiascione signed promissory notes agreeing to repay the loans beginning the first day of the tenth month after ceasing to be a full-time student or completing a residency program. Between June 9, 1989, and December 23, 2005, she made payments to the lender totaling \$ 133,233.29.

PAGE 2 - CERTIFICATE OF INDEBTEDNESS - ROBERTA M. CHIASCIONE

Due to her failure to continue making payments she was placed in default and an insurance claim was filed with the United States. The amount due was \$101,635.00. The lender's claim was paid by the United States on August 07, 2008, and an assignment of the notes was received.

HHS notified Ms. Chiascione by letter dated August 26, 2008, that the previous holder of the HEAL promissory notes placed her in default and assigned the notes to the U.S. Government.

In a letter dated October 31, 2008, she was advised that her account had been referred to a private collection agency. She was notified that the account would be referred to DOJ for enforced collection unless HHS received payment in full or a repayment agreement (RA) was concluded.

By letter dated December 04, 2008, she was advised that her account was delinquent. She was notified of HHS' intent to refer her debt to other Federal agencies for the purpose of administrative offset, which may include Federal tax refund offset, salary offset, wage garnishment, and other Federal or State Agencies payments. She was advised that paying the debt in full or entering into an RA would terminate administrative offset.

Additional notifications and demand letters regarding the indebtedness were sent on the following dates: February 23, 2010 and February 24, 2010.

In a letter dated February 09, 2016, Ms. Chiascione was sent instructions for entering into a RA. She was notified that unless payment in full or a fully documented RA was received within 30 days, the case would be referred to DOJ for enforced collection. She did not comply.

To date, she has not made any payments to the United States.

Repeated attempts by HHS have been unsuccessful in establishing an acceptable repayment agreement.

CERTIFICATION: Pursuant to 28 U.S.C. 1746, I certify under penalty of perjury that the foregoing is true and correct.

4/25/2019
Date

Melodie R. Sanders
Melodie R. Sanders
Chief, Debt Referral Section
Program Support Center
U.S. Department of Health and Human Services